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ART. I.—*Case of Pneumonia characterized by Obscure Symptoms, Rational and Physical; Prostration of Vital Powers; Beneficial Effect of General Depletion.*

MR. EDITOR: I consider the following case one of considerable practical interest, principally as illustrating the importance of diagnosing between an oppressed and a depressed condition of the system, and also the vital importance of venesection in certain exceptional cases of pneumonia, a procedure so commonly resorted to in this disease in years gone by, and so seldom called for at this day. Should you take a different view of the matter, and deem the case more lengthy than useful, you may abridge or omit it altogether, without offending the feelings of

Your ob't serv't,

FREDERIC D. LENTE.

COLD SPRING, N. Y., March 24, 1858.

Was called, March 2d, 1858, at 12 M., to William Barton, aged 14, until yesterday morning in robust health. At that time, he was observed to have "a cold," and some hours later, was attacked with a chill, and complained of headache and a pain in the left side under the nipple; also with nausea, followed by vomiting of a green bilious matter. The chill was succeeded, in a short time, by a hot, dry skin, flushed face, increase of headache, and delirium. Took aperient medicine, which has acted moderately, but with no relief. He was tossing in bed, and delirious, all night, and all the symptoms have been increasing up to this time. Has also now a slight cough. Found him, not sleeping, but lying with closed eyes; twitching of the flexor muscles of the right hand and forearm to a slight extent; hot, dry skin, flushed face, but no suffusion of eyes; pulse 120, very soft, compressible, and wavy;

tongue heavily coated; breath very offensive; respiration about 35; will answer questions, but soon closes his eyes again; says he has severe pain in frontal region and in left side, the latter aggravated by coughing or by change of position. The debility was so great that it was impossible to get the patient to maintain a sitting posture long enough, even by support, to make a satisfactory exploration of the chest. Nothing but obscure and distant dry rhonchi could be detected by a hasty examination; this existed equally on both sides posteriorly. Directed a mercurial cathartic, mustard pediluvium, sinapism to nape of neck and to affected side, intending to call again within a few hours. Was called at 5 o'clock P. M., and was accompanied by my assistant, Dr. Geo. S. Hardaway, late resident physician of Bellevue Hospital. The cathartic has acted twice; evacuations dark and offensive. Symptoms in every respect more threatening, except that less headache is complained of; is much more stupid, and can scarcely be made to answer any question, or to protrude the tongue: this now presents a brown, dry streak down the centre; hands cool, rest of the surface warm and dry; pulse 130, more feeble and wavy; respiration 40. Supported patient in the reclining posture, and made as thorough exploration of the chest as possible. Both Dr. H. and I now distinctly made out distant bronchial respiration over the middle and lower portion of left lung post., and some obscure dry rhonchi over right; slight dulness over left side; none over right. There has been no more nausea or vomiting, and the cough is not urgent; complains rather less of pleuritic pain. An important point of treatment was now to be decided. The pulse, and appearance of extreme debility, seemed to indicate stimulation, but we readily decided that these were symptoms of an *oppression* of the system by inflammation of some important organ: not of *depression.* The patient had been healthy and robust up to the period of his attack, only about thirty-six hours previous to our consultation, and it was very improbable that so much *actual* debility could have been induced by the disease in so short a time. The left lung was evidently inflamed, but only by an attack of apparently very short duration, and only over a very limited portion, and the signs there very indistinct. There were head symptoms, and increasing, but were these, like the pulse and debility, only deceptive? We

concluded to apply cups to the temples, more as a diagnostic means than curative. It was done, and not a teaspoonful of blood could be obtained; there was no superabundant blood there. It was evident that the prostrating inflammation must be soon relieved or the patient must succumb. Wet cups to the chest would be annoying to the patient, in his present condition, and so uncertain as to the amount of blood obtained, that we decided to bleed from the arm, and note carefully the effect of the abstraction of the first few ounces of blood. The patient was accordingly supported in the sitting posture, and I opened a vein in the arm. At this time, from the exertion and the posture, the pulse was still more reduced, and the debility of the patient apparently increased. The blood flowed slowly, and very soon syncope seemed impending; cold water was given, and the patient rallied; after about four or five ounces had flowed away in a small stream, it almost ceased, and as the character of the pulse seemed improved, another vein was opened, from which a full stream flowed; when about ten or eleven ounces had been drawn, the patient complained of faintness, and a perspiration appeared on the face; he was accordingly replaced in the horizontal posture. He now seemed brighter, expressed himself decidedly as better, and his pulse, though still very weak and soft, was decidedly improved. We waited half an hour or so, and found that the pulse still maintained a better character, and the patient still seemed relieved. He was less drowsy, answered questions readily, and obeyed every direction given him. We then applied dry cups over the left side post., and ordered tartarized antimony in one-eighth grain doses every hour. There was now no nausea. I have been thus minute in order to put the patient's condition, both before and subsequent to the bleeding, in as clear a light as possible.

March 3. In every respect better; has had a comfortable night, and has slept well for some hours. His intellect is now quite clear. Has very slight headache, and very little of the pleuritic pain, and feels stronger. Has taken some food, and expressed a desire for milk. Has taken the solution regularly, and has vomited slightly twice. Has had one evacuation from the bowels resembling those of yesterday. Pulse 120, stronger, not at all wavy; some fever; tongue moist, has lost the dry, brown streak. Can now sit up, unassisted, long enough to allow of a tolerably

satisfactory examination of the chest, which reveals less marked physical signs than last night, but no less distinctive of the disease. The bronchial respiration is heard over a very limited portion of the inferior part of the left lung, and is very distinct, but the dulness here is more marked. Indistinct rhonchi only are heard over right lung. The pneumonia is evidently central. To increase the medicine to one-sixth grain. Light diet.

Not to lengthen out the case to an inconvenient extent, I will abridge the remaining notes, and will merely say that, for several days, the physical sounds continued indistinct and distant; that no unequivocal rustiness was ever observed in the sputa, and no real pneumonic crepitation heard; that subsequently the right lung became involved in the disease, at which time bronchial respiration and rales, coarse and fine, were distinct over a large portion of both lungs posteriorly; that the respiration rose to 60, the pulse not exceeding 130. A severe pain was complained of on the eighth day in the right hypochondrium, aggravated by moving in bed, by pressure over the ribs and cartilages, and especially by pressure upward under the edge of the cartilages and ribs. After this, the cough, which had well nigh subsided, was rendered incessant by any attempt to assume the sitting posture. This was very much relieved by a blister to the part. The antimonial solution was continued, every hour, until March 14th, when it was discontinued. Convalescence was established on the 16th.

ART. II.—*Physical Degeneracy in the Profession.* By I. A. COONS, M. D., Dayton, Ohio.

IN your January No. you solicit discussion on the causes that have been operating for several years, in bringing down the medical profession in the estimation of the people. I have no doubt the causes are numerous; but, propose to call attention to one that I have not seen noticed: *Physical Degeneracy.* In politics we have the old fogy and young fogy; in medicine, old physic and young physic; in morals the conservative and the reformer. Young physic, like young America, is looking spasmodically forward to the things that are before, and as certainly forgetting the

things that are behind. The things that are behind may be represented by the *country doctor*, 20 years ago. Who that has had the good *fortune* to have spent childhood in the country, amid flowers, meadows and groves, "God's first temples," but has vividly impressed upon memory the image of the country doctor; almost the image of physical perfection. His education was better conducted than that of the M. D. of to-day. While his mental and moral training was well attended to, his *physical* was not neglected, but the *whole* man was educated, and that balance preserved which is so essential to success and influence for any great length of time. We mostly sprang from the healthy rural classes, and commenced life free from many of the hereditary taints of to-day. His exercise was on horseback and on foot, often swimming streams and threading forests. His ventilation was good; breathing the pure air from the field and woodland—uncontaminated by city impurities. His diet was plain and substantial, not polluted by the stimulating compounds of modern cookery.

The things that are before are directly opposite the country doctor, and are well represented by the city doctor partially educated and consequently *partially influential*, physically dwarfed. True, if the brain be the organ of the mind, a good deal will depend upon the healthy and vigorous development of the brain and nervous system. In order, then, to produce this healthy development of head, heart, and body, and to secure a well balanced and influential man, we must educate the whole man; especially physically, for that is the foundation, without which it is useless to build. It is impossible for a man to be truly great for any length of time without a good healthy body. And is not physical degeneracy rapidly on the increase, especially in our large cities?

ART. III.—*Unity of the Human Race.* By R. I. JACKSON, of Harford County, Maryland.

THE indulgence of the reader is invoked, while the writer with unusual hesitancy is constrained, from a sense of duty, to offer a few lines through the columns of the MEDICAL AND SURGICAL REPORTER to the public, in comment on an affirmative article,

On the Unity of the Human Race, in the March No. of the REPORTER, *which the Medical Society of New Jersey ordered to be published.*

Of the science of anatomy, and the natural history of man, I claim only the share that falls to the lot of the general reader, and shall only notice such parts of that production as would strike the advocates of the Holy Bible, and the unity of the races, in my judgment, as adverse to their doctrine, either by implication or direct admission; of omission we will not speak.

When a man undertakes the defence, or advocacy, of a subject, *the common sense reader* doubts and loses faith in all he writes on that subject that does not correspond with reason or their positive knowledge, after discovering contradictory positions therein. (although indorsed by a society of high standing, and, probably, numbering men of standing, ability, and worth). Which incongruity will be exhibited by quoting his opening and closing remarks. Opening thus:—

"I have been actuated by a desire to present that which seemed of the *greatest importance*, and have been unable to select any *more worthy of consideration* than that of the *Unity* of the Human species."

Why worthy of selection, if not to establish by demonstrative reason that unity? Now hear the closing views:—

"We will take our stand upon the broad basis of similarity of the races. And when it is demonstrated that the great end to which the whole creation seems directed, can be better accomplished by *supposing* that man had more than a single centre of origin, then and not until then will we allow our position to be untrue."

Here if he says anything (and it *must* be *something* from the indorsement), all reason and demonstrative argument are abandoned, and he is only to be removed from that "broad basis" by accomplishing an impossibility to a man of sense, demonstrating a fact by a supposition, thus rendering this "most important subject" no subject at all.

Having written thus much on the opening and closing of that production, I shall agree with the author of it, and the New Jersey Medical Society, that the "query, is man a unit, or in other words, are all mankind descended from a single pair of human beings, is a subject fraught with the *greatest importance to humanity*, in-

volving as it does the mutual obligation of the races to each other."

But not "the truth or falsity of that volume, upon which the everlasting hopes of millions of mankind are based."

We admire these quotations; and having read thus far, and finding its respectable indorsement, concluded Morton, Count De Gobineau, Agassiz, Nott and Gliddon, Dr. Forwood, and a host of others, would be compelled to give up the position they had with so much laborious research (resulting, I was almost convinced, in some show of reason) attempted to sustain.

But on the same page he says: "Laying aside all the evidence deducible from revelation, and founding an argument only on those facts which are obtained from the natural history of man and the world, it is incapable of perfect demonstration." "*Still, we may arrive at a probable conclusion.*"

Here our ground is virtually abandoned, and by such authority as to cause just alarm in the ranks of the Unity of the Races, for when an *acknowledged doubt* exists, there is reasonable ground for the other side to disagree. We are greatly pained at this admission. His further views have not relieved us. Thus—

"The first grand prevailing faculty with which all men are endowed, whether living amid the arctic snows or under an equatorial sun, whether the refined and educated student of science or the native Bushman of Africa, is speech or language."

And proceeds to reason that there is a general principle pervading all human language, and is evidence of a common origin. But the slightest observer of nature will find prevailing *throughout the same region* so beautifully described, the dog and fox, that are not seriously claimed by naturalists of repute to be of the same origin, whose bark is less dissimilar, and *much* less so than the lingo of the races of men covering the same region. We might instance other animals, but one is sufficient to show the weakness of this position.

"God never made his works for man to mend," and evidently endowed the *genus homo* with such language as was adapted to their wants and condition, as well as the faculty to attain that of others, necessary through their instrumentality to carry forward his great plans of progression. When and where to stop the speculative mind of man, may soon be lost in its imagining; and

if one or twenty origins, they are all His handiwork, *perfect*, and, therefore, eulogy is unnecessary.

But that branch of his subject, and his reasoning upon the Bushman, South African, and the infant, their progression in strength and civilization as well as retrogression, couched in eloquent language, is a flourish of rhetoric, to my humble understanding, without a point; and winds up with—

"We conclude that it would have been unnecessary for mankind to have originated from five different points of creation, *unless some end were to be gained by it*, which does not appear." Which only suggests to common sense, on the other hand, that if the great God of Nature had in view *the peopling of the earth*, that object would be more readily accomplished, and naturally so, too, by five centres of creation than one, with the necessity of incestuous increase. Again, he says:—

"The savage, when he commits theft, is conscious of having done a wrong action, as appears by his immediate concealment of the article stolen, and by a studious denial of the act."

Surely, the unity of the human race is not so clearly proven by this quotation, as the fear of the savage that the thing stolen might be retaken from him.

His moral and intellectual theory of mankind sounds pleasantly to the ear, and to the student of theology may perhaps be useful, but to the scientific development of the unity theory, does not add one feather's weight. As we have in field and forest throughout the animal kingdom even visible to the most casual observer, numerous parallel characteristics therein attributed to man.

The light thrown upon the unity side of the question by his anatomical and physiological views, does not relieve us from the embarrassing doubt thrown around the mind by Dr. Forwood's development on that branch of the subject, in the February No. of the REPORTER. From his treatment of "The Skull," read before the New Jersey Medical Society, supposed to contain the seat of the mind, from which we had hoped would flow a fountain prolific with evidence to sustain the cherished theory of ages is abandoned. Thus:—

"We are not ambitious to enter upon the discussion of a subject upon which so much has been said, and from which *no certain inference can be drawn.*"

So much for the skull, but we will quote again from this indorsed production.

"Our object is to show that in all nations an *identity exists* as to *the number* of the *bones*, and that the frame of man is so constructed as to be adapted to the end for which he was designed."

Such contrasts as that relative to the number of the bones in the human frame, only tend to quicken the mind of the general reader to such statements as will be found on page 70 of the *New Orleans Medical and Surgical Journal* for January last, by Doct. Nott, Professor of Anatomy in the University of Louisiana; he says:—

"When you place beside each other the dog, wolf, fox, and jackal, though they have some external differences, their anatomical structure is *identical;* they have the same number and form of teeth, the same number and form of bones in the skeleton, and the same internal organs."

Will any naturalist of character say the dog, the wolf, the fox, and the jackal, originated from one pair of animals?

As to the latter part of the foregoing quotation, "that the frame of man is so constituted as to be adapted to the end for which it was designed," a denial would be simply ridiculous, and would be universally acknowledged as true without an indorsement. From every evidence to the senses of man, there can be but one decision, that *all* the works of the great master Mind of the universe, are in design, execution, and end, *perfect.*

We have not authority at hand to confirm our impressions, although mortifying to confess, our observation is that the cases of insanity with the negro bear no comparison to that of the white race, and all medical authority that I have any knowledge of agree that the negro is almost exempt from yellow fever and other diseases fatal to the white race, and *vice versa.*

But the greatest blow to our long cherished ideas, and love of, and veneration for, and belief in the truth and use of the Bible, as the Christian's light and text-book, guide and stay, in matters of faith, is his virtually abandoning the truth of that part of the book of Genesis, 7th chapter, 14th verse.

"They, and *every beast* after his kind, and every creeping thing that creepeth upon the earth after his kind, and every fowl after his kind, and every bird of every sort.

"16. And they that went in, went in male and female of all flesh, as God had commanded him: and the Lord shut him in.

"17. And the flood was forty days upon the earth.

"21. And all flesh died that moved upon the earth, both of fowl, and of cattle, and of *beast*, and of every creeping thing that creepeth upon the earth, and every man."

Therefore it is evident to every man that considers the Bible evidence, beyond the probability of a doubt, as language could not convey an idea in stronger words, *that Noah had in that ark*, "and the Lord shut him in," *every animal in existence.*

Now hear what our friend and advocate of the unity theory says, and indorsed by the New Jersey Medical Society:—

"Now if different races of men had different centres of creation, it is natural to suppose that they were created with capacities for inhabiting certain localities, *just as certain animals* made with capacities to live in tropical climates, *droop and die* when they are *removed to another region.*"

Could it be said more explicitly, or more strikingly developed to the common reader, that our great forefather, Noah, *had not every beast in that ark*, thus falsifying the truth of the book of Genesis, which I had hoped was reserved as an impregnable fortress, within whose capacious walls we could have sought a safe asylum, if unfortunately driven from every other position of defence by the continued and persevering research and talent of the advocates of the Diversity of the Human Race.

In the name of humanity, can the scientific advocates of the unity theory not give us scientific proof (not speculation) of the truth of their position, without impairing what we believe the truths of the Bible, at least equal to that of the opposition, or in conscious dignity, inspired by the belief in the justice of their views, be silent, and as has been wisely said, "save us from our friends." My only desire is to try to confine the contestants to the subject of controversy, and the development of scientific truth. For the day has passed and gone, I hope forever, with a large number of the common readers, even when assertion, theoretical speculation, or eloquent declamation, will avail more than to amuse.

But to make an impression permanent and useful upon the sensible and thoughtful reader, you must give him order, truth,

and reason (where facts cannot be used), that he can apply to the test of his own reason, and when analyzed found pure, then received, and is no longer a matter of doubt, but stands for truth until facts may develop themselves.

With a hope not against faith, that order will prevail, and this important discussion not swell out of its proper channels, I will close for the present.

BIOGRAPHY.

ART. IV.—*Biographical Sketch of the late* JOHN K. MITCHELL, M. D., Professor of the Practice of Medicine in Jefferson Medical College. By LAURENCE TURNBULL, M. D.

THIS spring has been marked by the loss of four distinguished men in Philadelphia, in the several departments of Law, Medicine, and Divinity.[1] Again a vacancy has occurred in the faculty of the Jefferson Medical College. The fell destroyer has entered their ranks, and borne away one of their brightest ornaments. Since the reorganization of the faculty, in 1841, Dr. Mitchell has devoted himself earnestly and unremittingly to the advancement of the interests, and the increase of the usefulness of this institution. His learning and ability gave him great success as a teacher, while he endeared himself to his pupils by his kindness of heart, and the interest which he manifested in their future welfare.

John Kearsley Mitchell was born in Sheppardstown, Va., on the 12th of May, 1793. His father, Alexander Mitchell, M. D., was a native of Scotland. In 1807, at the age of fourteen, the subject of this memoir left his home, to receive his education in the Academy of Ayr, in Ayrshire, where he imbibed a love for Scotland, which he ever retained. By frequent excursions, he made himself familiar with many a hallowed spot, and the impressions made upon his youthful poetical imagination are well expressed in his own words—

> "Ah, who can leave that soul-ennobled spot,
> Nor think of Bruce, and Wallace, Campbell, Scott,
> Burns, Thomson, Ramsey, Wilson, and Macneill,
> And many a son of song, and many a hand of steel?
> Each mountain sends its lesson thro' the air,
> Castles are tombstones to dead honor there."

[1] Judge J. K. Kane, Hon. John M. Scott, Dr. John K. Mitchell, and Rev. Philip F. Mayer.

After leaving Ayr, he commenced his classical studies at the University of Edinburgh. In 1816, having received his collegiate education at this fountain of knowledge, he returned to the United States, and entered with great zeal upon the study of medicine in the office of Dr. NATHANIEL CHAPMAN, who was not only his preceptor, but his firmest friend until deprived of him by death.

His feeling for Dr. Chapman is well expressed in his lines of dedication of a volume of poems, published in 1839:—

"To N. CHAPMAN, M. D.

"Dear Doctor, though I ha'e the will,
I fear I want poetic skill,
To do ye muckle credit;
But yet I'll imp my youthfu' wing,
And o' my guid preceptor sing,
Though ye y'ersel' may dread it.
I've often wished for Burns' pen,
And thochts frae Ramsey's fairy glen,
To do ye fitting honor."

* * * * *

"Ah! weel I mind when first I saw
Ye laying down the morbid law
O' nature to the student."

* * * * *

"Wi' easy grace and potent sense,
Clear order, a' without pretence,
And learning without show, sir,
Ye charm'd the eye, and pleas'd the ear,
And made y'r thochts sae richly clear,
The darkest truth did glow, sir."

* * * * *

Dr. Mitchell passed his examination with honor in the University of Pennsylvania, but in consequence of ill health, before receiving his degree, made a voyage to Canton. After his return, he commenced the practice of medicine, and his prepossessing appearance, his bland and agreeable manners won for him a host of patients and friends. He afterwards made a second and even a third voyage to China, with much advantage to himself, his mind being ever open to everything that would be of service in his profession.

Shortly after his return, he was associated with Drs. Hodge, Dewees, Bell, and Jackson, as a lecturer on medical chemistry in the Medical Institute, founded by Dr. Chapman, the first organized system of *summer* medical instruction. Here he acquired a reputation as a clear and instructive lecturer, and a good experimenter.

In 1822, he was married to Miss Henry, daughter of the late Alexander Henry, Esq. About this time, though yet a young practitioner,

he was elected a visiting physician to the Almshouse Infirmary, now the Philadelphia Hospital, Blockley.

In the winter of 1833, he was appointed to lecture in the Franklin Institute, on "Chemistry applied to the Arts," and was listened to by a large and attentive audience. In this connection, we may state that he was the first chemist in this city, in fact, in the United States, to repeat the dangerous experiment of solidifying carbonic acid. His lecture upon "Water," delivered about this time, was one of his best productions. He spared neither expense nor trouble to instruct and amuse his audience. This lectureship he held for five years.

In 1834, he contributed the article on "ARSENIC," in the *American Cyclopædia of Practical Medicine and Surgery*, edited by Isaac Hays, M. D.—a valuable and thoroughly elaborated essay. He was the author of several other papers of much ability, as, one on the "Corpora Lutea," with experiments, republished in the *Ann. de la Méd. Phys.*, for March, 1828; one on "Chronic Dysentery," while visiting physician to the Pennsylvania Hospital, in the *North American Medical and Surgical Journal;* in the *American Journal of Medical Science*, an important article on the "Penetrativeness of Fluids;" in the same journal, a bibliographical notice of the work of Dutrochet, on "Endosmose and Exosmose;" in this journal, in 1831, he brought forward a new treatment in "Acute and Chronic Rheumatism," which was cupping to the spine, especially over the region which supplied the affected part with nervous influence. To this treatment he adhered, we believe, with unabated confidence, till death; sometimes using in milder cases sinapisms in preference to cups, and with decided success, cutting short the attack. Subsequently he reported a series of cases to prove the spinal origin of this disease, and hence the advantages of his treatment. Of thirty-one cases reported, twenty-one were cured within eight days, and of the remaining ten, four were instances of frequent relapses from imprudent exposure during convalescence.

In 1834, he delivered an introductory lecture to the summer course of the Medical Institute, which was published, on "The Value of a Great Medical Reputation, with Suggestions for its Attainment." In 1838 was published an account of his experiments on "Liquefaction and Solidification of Carbonic Acid," in the *Franklin Institute Journal.* He also edited *Faraday's Chemical Manipulations*, with numerous additions, &c.

In 1841, he was elected to the chair of Practice of Medicine, in the Jefferson Medical College—a position which he filled with ability, and much to the satisfaction of all connected with that institution, till his death.

In 1849, he published a small volume "On the Cryptogamous Origin

of Malarious and Epidemic Fevers," the substance of which he had delivered to the class of 1846–47, to whom it is dedicated—a work of undoubted merit, proving by reasoning, analogy, and experiment, the truth of the conclusion to which he had arrived.

I have adverted briefly to Dr. Mitchell's original ideas in regard to the causes, nature, and treatment of disease, while yet young in his profession. In concluding this imperfect sketch, I feel that I ought to take some notice of his more recent teachings during the last seventeen years. That he was a most successful practitioner no one can doubt who has, like the writer, heard his praises from the lips of grateful patients. Persons flocked to him from all parts of the United States, and, had he desired, he could have had the most extensive practice in the city of Philadelphia.

He early advocated the true distinction between typhoid and typhus fevers, and, in the treatment of the former, he introduced the internal use of the nitrate of silver. He also discovered a fatal sign in this disease—a hitching of the elbows of the patient, as if to move on them from one position to another.

In the acute forms of insanity, he advocated strongly the use of free depletion, and in many of his cases with most astonishing success. In that most fatal of all diseases—consumption, his chief reliance in the early stage was on the internal administration of liquor potassæ arsenitis, and with the most happy results in many cases.

In another most fatal disease—deposit of fibrin on the endocardium, and exocardium, and valves of the heart, he was fully of the opinion that large doses of ol. terebinthinæ would, and had removed such deposits.

He proved that yellow fever was the product of fungi and infusorii received into, and developed in the system.

In scarlatina, that scourge of childhood, he considered the disease was much influenced by fumigation and inhalation, and chiefly relied upon chlorine.

There are many other diseases in which I might state his peculiar views, with benefit, no doubt, to the profession, but I must leave the subject for want of room, for the present, regretting that one with such brilliant literary talent, and so philosophical a mind, had not been able to have left to his thousands of pupils a volume of practice which would, no doubt, have been eagerly sought for by the profession throughout the United States.

He was elected to the College of Physicians at a very early period, for I find his name in the list of fellows in 1834; he was also a member of the American Philosophical Society. In February, 1825, he was one

of the corresponding secretaries of the Philadelphia Medical Society, and was appointed to deliver an oration before them, which was considered worthy of publication by the society. He was a member of the American Medical Association, of the Academy of Natural Sciences of Philadelphia, and of the Society of Medicine of Greece.

In 1855, having been much engaged in his duties, and having exhausted himself, it resulted in paralysis of one side; but almost before he was able, he was again engaged with his class.

At this time, having been elected to the position of *Grand Master* of the Masonic Order in Pennsylvania, he was necessarily much engaged with the interests of this benevolent institution. At the dedication of their hall in Philadelphia, he delivered the oration, which was much lauded by the press throughout the country. He performed his duties at the College with his usual vigor, and the course terminated without his having shown any renewal of his former troubles.

He was attacked with typhoid pneumonia, which rapidly ran its course, and terminated in death on Sunday, the 28th of March.

He leaves four sons and three daughters; the eldest son died while at school; the second (Dr. S. Weir Mitchell) shows decided talent for the profession, and it may be expected the mantle of his father will rest upon him.

As a physician and a teacher, he was eminently successful; as a man, he was beloved and honored by all with whom he became connected.

Art. V.—*Abstracts prepared expressly for the* Reporter *from Exchanges received at this office and from other sources.*

(*a.*) Surgical.

1. *Silver Sutures in Vesico-Vaginal Fistula.*—On this subject, we have before us two essays: one by J. Marion Sims, M. D., of the Woman's Hospital, N. Y., and the other by N. Bozeman, M. D., of Montgomery, Ala. From the work of Dr. Sims, we learn that Dr. Bozeman was "indoctrinated" by him in the use of sutures of silver wire, but "not understanding its principle of action, and therefore failing in its practical application, he was quite disheartened with his ill success, when, by mere accident, he fell upon a plan of fastening the wire, and so modifying my method, that, in awkward or inexperienced hands, it became easier of application." It seems, now, that Dr. B. appropriates the whole as his "new mode of suture." From a careful

examination of both essays, it is evident that one plan is adopted by both almost throughout; Dr. Bozeman having modified slightly that of Dr. Sims, by the addition of a button instead of the clamp formerly employed.

The suture is made with silver wire, about size No. 93, and properly annealed: about eighteen inches for each.

Dr. B. pares the edges of the fistula, and passes the suture about half an inch from its edges. The raw edges are then drawn closely in contact by bringing the ends of the wires together, which he does by his "suture adjuster," a steel rod fixed in an ordinary handle, with the distal extremity flattened, and on one side a projection perforated, through which the wire is passed till it comes in contact with the tissues. A button is placed on the wires, its concave surface in contact with the vesico-vaginal septum. Shot are then passed down over the approximated ends of each suture, and traction made, to insure close coaptation of the edges. The shot are then compressed, the wires clipped off, and the whole allowed to remain for about ten days.

Dr. Sims, after having used the plan of Dr. B., and failed in several cases, concluded to try it without either the button or the clamp, which he had successfully employed previously. He passes first silk ligatures, and with these draws through the wires; the sutures to be passed near the edge of the fistula, so as to embrace the whole of the denuded surface, but not to penetrate the mucous lining of the bladder. They should be about three-sixteenths of an inch apart, and each fastened separately, by twisting the ends of each together. This is performed by holding the wire close to the tissues, and twisting by means of forceps evenly, and then flattening down the twist.

Both gentlemen claim for their modes that they are successful in the majority of cases, and adapted in every respect to fulfil every indication. Dr. S. has used his plan in surgical wounds in all portions of the body. It must be confessed that Dr. Sims becomes a little extravagant while dilating upon the advantages of his invention, but this is perfectly excusable. We think a man has a right to boast a little (and a great deal, if he likes) when he succeeds in benefiting his fellow man.

Both gentlemen furnish us with cases of success by the use of their operations; but we must have a complete detail of all the cases operated upon, *unsuccessful* as well as *successful*, in order to form an accurate judgment as to the merits of each.

The Woman's Hospital, a most praiseworthy institution, has been founded in New York, by the exertions of Dr. Sims, for the purpose of relieving these cases. We find in the *Western Lancet* for Nov., 1857, a report by Dr. Geo. C. Blackman, whose skill is well known to the pro-

fession, of a case of vesico-vaginal fistula in which Dr. Bozeman's method was successfully employed, after repeated failures with the clamp suture, the plan formerly employed by Dr. Sims. In another case, reported by Dr. Schuppert, of New Orleans, in the *N. O. Med. News and Hospit. Gaz.*, April, the operation performed was a combination of both: that is, "the wound was sewed by sutures of silver wire, and these closed by shots over a silver plate." He even included a portion of the bladder in the sutures, instead of avoiding it as recommended. The operation was perfectly successful, and about twenty days after the operation, she was attending to her duties, perfectly well.

It is only by many reports like these that we shall be able to determine the relative value of the two methods.

While on this subject, we might remark that we find in the April number of the *Lancet* an article on the treatment of this deformity by means of the actual cautery. "Three applications were sufficient; after each of these, the urine did not appear for a time in the vagina, but did so again on the falling off of the eschar. After the third, the parts united completely; and milk injected into the bladder did not penetrate the vagina. To ascertain whether the least slit had been left, M. Nélaton put into the vagina a plug of lint dipped in prussiate of potassa, and injected into the bladder a solution of the sesquioxide of iron. No purple tinge was noticed on the plug. It would be worth while, now that the galvanic cautery can be so easily applied, to give this method a trial before resorting to the sutures which so often disappoint the surgeon." In the case mentioned, the rent measured three-quarters of an inch transversely.

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2. *Strangulated Inguinal Hernia relieved by Belladonna.*—A case is mentioned in the *Lancet*, as obtained from the *Revue Thérapeut. du Midi*, where the patient had labored under inguinal hernia for twenty years. He left off his bandage for some time, when strangulation suddenly ensued, without any apparent cause. M. L'Hermier, who was called after the taxis had carefully but unsuccessfully been employed, ordered six grains of ext. of belladonna in a mixture. He applied to the tumor a poultice of linseed meal, sprinkled with twenty drops of tinct. of belladonna, he being also placed in a warm bath. In the course of one hour, the alarming symptoms subsided, the tumor softened, and "the patient was roused by the sudden and somewhat noisy return of the parts to the cavity of the abdomen." Very correctly, the *Lancet* remarks that "it remains to be seen whether the poultice and bath had not a *very large* share in the result."

3. *A Ready Method of determining the Presence, Position, Depth, and Length of a Needle broken into the Foot.*—The *Oglethorpe Med. and Surg. Journ.* takes this subject from the *Med. Times*, by Alfred Smee. Mr. Smee shows the means to be employed for making the needle magnetic, and says he detected a piece weighing only one-seventh of a grain, that had been broken in the finger. He details the following case, which we give entire. "A lady, in walking about her bedroom, ran a needle into the great toe; on searching the floor, a part of the needle was found, and there was every reason to believe, from the sensation, that the pointed end was broken off, and left in the toe. Unsuccessful endeavors were made to extract it. About two months afterwards, doubts were expressed whether any needle was in the foot; a scientific friend offered to settle that question, and, if it was there, to say in what part of the toe it then had its place, and what was its direction, its depth, and probable length. The following were the means employed. A fine sewing-needle was well magnetized, and a piece about one-eighth of an inch long was broken off. Then a filament of cocoon silk, about an inch long, had one end attached to the middle of the little magnet by a touch of soft cement, and the other end to the handle of a camel's-hair brush. In this way, a minute test magnetic needle was obtained, which pointed well under the earth's influence, and could easily be brought near any part of the toe.

"The toe being examined by this needle, showed occasional deflexions of the latter which, being imperfect as indications, still seemed to imply that a piece of the broken needle was there, but rather deeply situated. Now the means of increasing these indications, and making them tell their story more perfectly, was applied, and upon the following principles. A piece of unmagnetized needle will affect a little magnet at a distance very feebly compared to the same piece magnetized. The unmagnetized piece will affect either end of the test-needle alike, whereas the magnetized piece will affect the opposite ends in different ways, attracting one and repelling the other. A piece of unmagnetized needle can be magnetized at a distance by a magnet of sufficient power, and as well whilst in the toe as out of it; also its magnetic state can be reversed, if the inducing magnet be reversed; and further, it can by management be unmagnetized, and when without magnetism it is not rendered magnetic, whilst the lines of force of the inducing magnet are perpendicular to it. Upon these principles I started, employing (as inducing magnet) a single bar horseshoe magnet, made by Logeman, with the poles so far apart that I could introduce my thumb between them. The magnet was brought up to the toe, then taken away, and the part examined by the indicating needle. The indication was not stronger than before. Hence, one of two conclusions was probable: either there was no piece of needle there, or its position was at right angles nearly to the line joining the poles of the inducing magnet, where it had been applied. So the inducing magnet was employed again in a

different position, and now the indicating needle told its story beautifully, showing that a little magnet had been formed within the toe, which by its power attracted one end of the needle, and repelled the other. A few more trials with the inducing magnet showed in what position it was able to act most strongly on the hidden needle, and then the position of the magnetic axis of the former indicated the position of the latter. Reversing the position of the inducing magnet instantly changed the magnetism of the buried needle, and then that point of the skin which before attracted the marked end of the indicating needle repelled it strongly, and attracted the other end. It was beautiful to see when the indicating needle was carried round a given spot, on the surface of the toe, how one end always pointed towards that spot, and even moved, as if striving to dip down to it. Thus the direction of the piece of needle, and the locality of one end, were clearly shown. Then came the question, where may the other end of the piece be, and what is the probable length of the whole?

"'By carrying the indicating needle about the toe, it was found that the opposite end of the imbedded needle, though it exhibited an influence over the indicator, did not come near the opposite surface of the toe, but was buried deep in the flesh. Hence the broken needle pierced deep, and almost perpendicularly into the flesh, but did not come near the other side. I guess it, therefore, to be about the third of an inch long. Presently we may tell if the needle travels, and which way it is going.'

"Hence—1st. The *presence* of an imbedded needle may most surely be determined, by making it into a magnet by induction, and then testing for it by a minute suspended magnet.

"2d. The *direction* of an imbedded needle may be determined by marking the direction in which the inducing magnet makes the strongest magnet. When the length of the imbedded needle lies in the line joining the poles of the inducing magnet, it becomes the strongest magnet.

"3d. The *depth* of the imbedded needle may be determined by the intensity of the action near the surface of the skin.

"4th. The *length* of the imbedded needle may be guessed when the direction is known, and the amount of magnetic action at the part of the surface opposite to the spot where the needle entered is observed.

"Lastly, the *motion* of the imbedded needle may be determined by carefully noting, from time to time, the changes that require to be made in the position of the inducing magnet in order to give to the hidden needle the strongest possible magnetism."

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4. *Substitute for Anæsthetics.*—In the *Dental News Letter* for April, Dr. J. D. Wingate proposes essence of cloves in place of anæsthetics in operations. He administered it about twenty drops at a time in several cases, producing anæsthesia to a certain extent. On some persons it had little or no effect. Before forming an opinion, if will be necessary to have tried this article in many cases. If it should prove successful in the majority of cases, its cheapness, freeness from dangerous effects,

&c., will cause it to be adopted to a great extent, and by many who have hitherto feared to use ether, &c.

(*b.*) PATHOLOGICAL AND THERAPEUTICAL.

1. *The Curability of Consumption.*—From a monograph of undoubted merit, entitled *Assimilation, Consumption, and Scrofula*, by Dr. B. H. Washington, of Hannibal, Mo., we abstract the following. Each point Dr. W. has well elaborated, and each position has been well proven:—

According to Prof. Gross, one-third of the deaths occur from tuberculous diseases, and in view of this fact it behooves every one to take especial notice of everything on this subject, and to endeavor to prove as speedily as possible the good results likely to flow from any plan of treatment which may be recommended. Dr. W. offers the following propositions:—

"1. Consumption and scrofula are caused by impurity of the blood.

2. That impurity is caused by unassimilated chyle in the blood.

3. Assimilation is a physiological process, and cannot be assisted otherwise than by attention to physiological laws.

4. Good food and healthy digestion are two essential requisites for the furnishing of healthy chyle.

5. A third physiological law to be attended to is, that respiration plays a very important part in the assimilative process; and the function of respiration is not 'solely to eliminate carbon from the blood,' as ordinarily maintained.

6. Perfect respiration is absolutely essential to perfect assimilation, and tuberculous depositions occur because respiration fails to put the finishing touch to the assimilation of the chyle.

7. According to the laws of heat, one thousand degrees of heat become latent upon the conversion of water into vapor.

8. In consequence of that law, a full healthy action of the skin is necessary to keep up a proper equilibrium of temperature; and as the temperature is exactly in proportion to the respiration, it must be equally necessary to perfect respiration.

9. So long as we regard those diseases as pathological, to be remedied by officious intermeddling, they will be opprobria of the healing art, and, conversely, whenever we strike at the true cause of the impurity of the blood, viz: imperfect assimilation, to be remedied by careful attention to *physiological processes*, the practice will be successful."

Certain incidental cases caused him to inquire into the phenomena connected with respiration, and he arrived at the conclusion that imperfect respiration was the cause of consumption, scrofula, &c. He instances the fact that drunkards rarely present tubercles, and hence

many have considered alcohol the proper remedy. This position he denies, and considers their exemption due to the fact of their breathing more freely and perfectly.

Concerning the fact of tubercles always making their appearance in the apex of the lungs before showing themselves elsewhere, he considers it due to the imperfect aeration of that portion of the lungs, by the position, &c., of those who are afflicted with tubercles. When respiration is only partially carried on, so that the lungs are not completely filled with air at each inspiration, the apex is almost sure to be deprived of its due quantum, and thus is explained the reason why the apex should be the first portion generally to be affected.

In further proof of his position, he adduces the fact of those who lead active lives not being so liable to tuberculous diseases. Here, while exercise is active, "respiration is necessarily frequent and full, and, as a matter of course, assimilation is perfect." In illustration, we have instances presented of diseases of a similar nature in animals being commonly relieved by perfect freedom from restraint.

While on this portion of the subject he suggests the idea of our using as food the meat of cows, hogs, &c., who have died tuberculous, and yet expecting, while ingesting such matter, that we shall enjoy immunity from similar diseases.

To show the effect of exercise, &c., he instances the case of a gentleman who was informed by his physician that he must die of consumption. "He swore he would not die; quit all medicine; took to sponging himself every morning; forcibly inflated his lungs to their fullest extent as soon as he arose; did so frequently during the day; threw his shoulders back so as to give his lungs fair play; always walked with his arms thrown over a cane across his shoulders so as to avoid attracting too much attention; took as much exercise by walking as his strength allowed, gradually increasing it as his strength increased; got rid of his cough and hectic fever; regained his health, and is now fat and hearty, measuring six inches more in the circumference of the chest than he did when told he was bound to die." He mentions singing as having excellent effects in relieving weak lungs, as rendering assimilation more perfect, enlarging the chest, &c.

Again, "it is a well established fact, that pregnancy generally suspends the progress of consumption, which seems to go on faster after the termination of gestation." He considers this as due to the fact of the pregnant woman being compelled, as it were, to hold herself more upright, and fill her lungs more perfectly at the same time.

He also explains the appearance of contagion in consumption in certain cases. "The attendant breathes the same heated, vitiated atmo-

sphere, is worn out with fatigue, anxiety, and want of rest, and digestion is imperfect." Hence, the deposition of tubercles is not to be wondered at. Tight lacing and its consequences are familiar to all, and forms another instance in proof of these propositions.

He sums up as follows :—

POSITIVE.		NEGATIVE.
Drunkards.		Sober men.
Base of lungs.		Apex of lungs.
Active lives.		Sedentary lives.
Capacious chest.		Narrow, contracted chest.
Dairy cows roaming.	Perfect	London dairy cows.
Monkeys at liberty.	Respiration	Monkeys caged.
High situations.	and	Cellars.
Well ventilated rooms.	Perfect	Crowded, badly ventilated rooms.
Out-door life.	Assimilation.	In-door life.
Indian belles.		Tight lacing belles.
Chyle first passed through the lungs.		Chyle not thrown directly into the arterial system.

He then turns to examine into the success met with from the practice in accordance with these views. He quotes a very interesting letter from Dr. Jas. Norcom to Dr. Physick, in 1813, relating his own case in detail, and showing conclusively very advantageous results from a continuance of exercise under the most unfavorable circumstances.

Another case from the *American Journal of the Medical Sciences*, April, 1855, reported by Dr. Stokes, confirms his propositions in the most marked manner.

A case from Dr. Parrish of undoubted consumption is reported in detail, and certainly forms undeniable evidence in favor of this practice. (See *North American Journal of Medicine*, vol. viii. p. 276.)

Thus he leads us on, quoting case after case, each one showing clearly the truth of his mode of practice, and compelling the reader to believe that perfect respiration and assimilation are alone competent to cure consumption, and certainly to prevent it, when hereditary predisposition exists.

But another organ is deemed as important as the lungs; that is the skin. Without it, the lungs cannot do their duty. From the law of latent heat, in the seventh proposition, a large quantity of caloric is taken up by the conversion of the perspiration (in ordinary cases insensible) into vapor, and thereby a due equilibrium of animal heat is kept up; and when the heat of the body would be certain to rise above the healthy standard from active exertion, the conversion of the profuse perspiration into vapor takes up such a large quantity of animal heat, that

an equilibrium is still kept up, and the person is relieved of those excessively oppressive sensations arising from active exertions when the skin is inactive, so well known by the term "short-winded." The skin may therefore be considered the safety-valve of the lungs, and its healthy action is absolutely necessary to a healthy action of the lungs; when the safety valve is loaded down too heavily, evil always results.

The necessity of the skin being kept clear is too well known to need any proofs of evil results from inattention to its requirements, though he gives some interesting instances of virtual, and, in some, actual "coatings" being applied to the skin, and resulting in death. He gives us the following chain of reasoning: "The skin, say from cold, not being in a healthy working order, respiration cannot be properly performed; respiration being imperfect, assimilation is imperfect; assimilation being imperfect, disorder of the digestive apparatus in some form or other is the result." Again, "indigestible food being taken into the stomach, unhealthy chyle is formed, consequently unhealthy blood is circulated, the skin cannot perform its functions in a proper manner, hence a dry, inactive skin." Or, "respiration being impeded by posture, tight lacing, &c., assimilation is imperfect, disorder of the digestive apparatus follows, and hence dyspepsia."

In conclusion we will quote the following: "In order to cure our patients, it would appear far more reasonable to see *what* and *how they eat;* to see what kind of air, and how it was breathed." So convinced is he of the practical success of these principles, that he says: "I have no doubt if the community could be induced to live as they ought, in obedience to physiological laws, consumption and scrofula might be exterminated in the course of a century, as effectually as smallpox by vaccination."

Many physicians of much ability have at various times succeeded in relieving permanently consumptive cases, and have attributed their success to certain medical agents which have been employed. For instance, the late Prof. J. K. Mitchell, M. D., we have repeatedly known to speak of his marked success with the *liq. potas. arsenitis*, and exercise on horseback, &c. Now had he ordered the exercise alone, we opine that his success would have been as marked. We are connected with a celebrated case of his, where *a family of seventeen children*, with one single exception, died of phthisis of the most marked form. This one case he always quoted as having saved by the persistent use of the liq. potas. arsen. and exercise. That single exception, I firmly believe, would also have died of consumption, but for the exercise; perhaps the use of the arsenic may have contributed to produce the good result. We hope this matter will be more thoroughly attended to by our professional brethren, and instead of looking in foreign lands, among Indians, &c.,

for some healing plant, that they will seize hold of what is ever before them, and promises such good results.

2. *Dysentery: its Pathology and Treatment.*—Dr. Robert Campbell, of Augusta, Ga., has published some lectures delivered by him on the above subject in the Jackson Street Hospital, Augusta, a summary of which we present our readers.

In view of the practical importance of this monograph, we much regret the perishable form in which it is presented—that of a pamphlet. Dr. C. gives us in the first lecture, "The Nature and Pathology of Dysentery;" in the second, "The Treatment;" in the third, "The Appropriate Treatment." He considers that in dysentery there are "two co-existing and co-extensive conditions, as manifested by their co-equal symptomatic results, viz: *spinal irritation* and an *inflammation in the mucous membrane of the large intestine.*" He states that there are "*four conditions*, and hence *four indications* of treatment, viz: 1st. Fever, depending upon spinal disease; 2d. Inflammation of mucous membrane; 3d. As this mucous membrane lines an excretory canal, the seat of the inflammation, it must not be obstructed; 4th. Exhaustion, or fatigue, requiring 'rest and resuscitation of strength.'" For the first, or *fever*, he uses quinine, so as to keep the system under its influence, which in many cases relieves entirely all the dysenteric symptoms. He reviews the plans of treatment with opiates, astringents, etc., and proves clearly that they do not answer the indications. To counteract the torpidity of the liver, he prefers: R.—Mass. pil. hydrarg. ʒj; cretæ præp. ʒiij. Triturate well together. Of this, give ten grains morning and night.

What he considers as the *appropriate treatment* is to answer the *two indications* derived from the consideration of the *intestinal element* of the disease. 1st. *Inflammation of a mucous membrane, requiring its own peculiar treatment.* Under this head he reviews the treatment hitherto pursued to fulfil this indication, as ipecac., tr. benzoin. comp., copaiba, creasote, &c., some of which he heartily indorses as well worthy the consideration of the physician. His own favorite is turpentine, combined with ol. ricini. After many valuable reasons for preferring this article, &c., he presents the following recipe as one eminently successful in many cases:—

R.—Ol. ricini fʒij;
Sodæ bicarb. ʒj;
Ol. terebinth. fʒss;
Pulv. gum acac.,
Sacch. alb., āā ʒj;
Spt. lavand. comp. fʒj;
Aq. camph. q. s.

To make eight oz. emulsion. Flavor with some essential oil. Of this he gives a teaspoonful every two hours, gradually increasing to a tablespoonful, as the stomach is able to bear it.

The whole paper is of value, and by its clear exposition of the indications, diseased action, etc., commends itself to the reader as well worthy of a careful perusal.

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3. *Glycerine as a Local Application in Pseudo-Membranous Croup.*—Dr. E. R. Mayer, of Penna., reports, in the *American Journal of the Medical Sciences*, for April, some results of the above treatment. He had for some time used glycerine with apparent benefit in mild cases of laryngeal difficulty. In two cases, severe and well marked—a boy eighteen months old, and a girl four years old—he says: "Suffocation seemed imminent. The treatment consisted in prompt emesis by from two to four grains of sulphate of copper, by which the severity of the symptoms was mitigated, and afterwards in the rapid introduction of calomel into the system; in the use of from one to three grains of sulphate of copper, dissolved in water, every two or three hours; in the administration as often, but alternating with it, of tartar emetic in nauseating doses, and of that still more efficient sedative, the veratrum viride, in doses of from two to four drops of the fluid extract, for the purpose of lowering the circulation. Small blisters were also applied over the upper part of the sternum, and the application of glycerine was commenced and repeated at intervals, whenever its use was called for by a return or increase of the brassy, ringing cough, or crowing respiration. Its application was in each instance soon followed by a manifest softening of the tone of breathing and cough, and by considerable reduction of dyspnœa and general distress."

Though the improvement continued only for a few hours, yet by a renewal of the application, he kept the disease in check and lessened the local irritation, till the system became sufficiently improved by the constitutional treatment. It was applied "by pressing down and drawing forward the tongue with the finger, and squeezing out the contents of a camel's hair brush, over the chink of the glottis, concluding the operation by swabbing the whole throat." He considers it "evidently applicable to other diseased states of the respiratory passages."

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4. *Local Application of Belladonna with Mercurial Ointment in Croup.*—In the *American Journal of the Medical Sciences*, for April, 1858, Dr. J. D. Shelton, of New York, gives some account of his experience, as well as that of others, with belladonna and mercury, as a local application. His preparation is: R.—Ext. belladonna ʒij; ung. hydrarg.

mite ʒvj.—M. Rubbed freely every two hours on the skin over the trachea. Another physician used it after a blister over the parts, and with much apparent benefit. In one case mentioned, tracheotomy was thought of, the case seemed so desperate, but the friends wishing to defer it to the last moment, the belladonna and mercury was applied as above, and with the happiest effects. He says: "Judge of my delight on my return to find every symptom of suffocation relieved; his breathing easy; his surface soft and relaxed, and from his disposition to doze, and the dilatation of the pupils, his whole system evidently under the specific effect of belladonna." The success in the cases mentioned is so remarkable as to cause Dr. Shelton to hope for a decided change in the mortality from croup. He says that he had used every article from which benefit might be expected, and "had even turned to tracheotomy as a last desperate resort."

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5. *Carious Teeth the Cause of Ill Health.*—In a paper read before the Cook Co. Med. Society by W. W. Allport, D. D. S., and published in the *Am. Journ. of Dental Science*, April, we find some interesting cases where the removal of bad teeth had the effect to restore the health of the patient. This was a subject upon which the late Dr. J. K. Mitchell frequently remarked in his Clinics, especially in neuralgic cases, and when there seemed no definite cause for the symptoms under which the patient labored. We will give the following, from Dr. Allport:—

"Mrs. S. called on me in March, 1856, in a very poor health. She had been so much of an invalid for several years that she had been able to do but little. She told me she had 'doctored' a great deal, but without avail. I found her teeth and gums in a bad condition. Her teeth were past saving, and I accordingly extracted eleven. She called on me again in three months, and her health was so much improved, and she had gained so much in flesh, that I hardly knew her; and she is now, without the aid of medicine, perfectly restored to health."

Though, in comparison with former customs, the teeth are much attended to, yet an immense number of patients suffer themselves, or are permitted by their medical attendants to suffer, without a single inquiry as to the condition of the teeth.

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6. *Vicarious Menstruation.*—In the *Oglethorpe Med. and Surg. Journ.* for April, Prof. Blair, of the Oglethorpe Medical College, reports a singular case of *vicarious menstruation.* The subject was a young lady of fifteen years, who never menstruated, but at each period had all the evidences of approaching menstruation, which would suddenly disappear, and she would be attacked with acute inflammation in the right eye.

Three successive occasions had occurred, when Dr. Blair was called, and on examination, considered three indications presented :—

"1st. Imitate nature by the extraction of blood, thus depleting the surcharged vessels.

"2d. Subdue the inflammation of the globe of the eye and surrounding parts, and promote the absorption of lymph effused between the layers of the cornea.

"3d. Restore the tonicity of the system, thereby assisting the uterus to perform its normal action at the next regular menstrual period."

He met the first and second by everting and freely scarifying the eyelids, cupping the temples, and applying to the everted lids, by means of a camel's hair pencil :—

℞.—Argenti nitratis gr. x;
Aq. rosa. ℥j.

Then ordered :—

℞.—Pil. hydrarg. ℈j;
Pulv. ipecac. gr. iv.—M.

Divide into ten pills. Take five, and follow by a saline cathartic.

He slightly mercurialized her by means of the following :—

℞.—Hydrarg. iodid. gr. vij;
Pulv. ipecac. gr. xx.—M.

Divide into twenty pills. One three times a day.

She gradually improved under this, with the addition of the syr. ferri iod., twenty drops three times a day.

At the next period, it seemed about to return, great pain being felt about the eye, but it ceased, after the use of ten grains of aloes, the hip-bath, sinapisms to the feet and legs, and cold to the eye. By the next morning she menstruated freely, and was entirely restored.

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7. *Nitric Acid in the Treatment of Hæmorrhoids and Prolapsus of the Rectum.*—Dr. V. A. Brown, of London, Canada West, in the *Montreal Med. Chronicle*, relates some cases where great benefit was found to ensue from the use of nitric acid in the above diseases. He considers it preferable "either to excision or the ligature, as less painful, certain in its results, and free from all danger." M. G. Cusak has used it with much success in the Dublin School of Surgery for many years; he applied it over the part till the surface becomes of a grayish white. A little oil is then smeared over, to prevent the acid affecting other parts. A slough forms, leaving a healthy granulating surface, which soon heals, producing contraction and pressure on the distended hemorrhoidal vessels. The patient should be confined to bed a few days, on low diet and opiates, to produce constipation. Dr. Blair's cases are

very conclusive as to the benefits resulting. In one case, he applied it twice, with complete removal of the tumors, which were very large.

A case of prolapsus of the rectum of some thirty-eight years' standing and of a painfully distressing character, resulting from dysentery, after the first application of the acid, was much improved. Dr. B. is sanguine of a perfect cure, after one or two more applications.

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8. *Iodine in Hospital Gangrene.*—The *Union Méd.*, 1857, No. 57, contains the views of Dr. Saurel on the efficacy of tincture of iodine in certain cases, to combat hospital gangrene. He had several times the opportunity to resort to it in the Crimean army, and always with good results. Nevertheless, he recommends the remedy to be used only in a specific form of hospital gangrene, and at the outset of the disease; in cases where the patient has too great a terror of the hot iron, and where the gangrenous parts are inaccessible to it. The parts are covered with lint compresses saturated with the tincture, and emollient cataplasms on top. L.

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9. *Bright's Disease.*—Referring to the *Lanc. Franc.*, 1857, the *Erlanger Medicinische Neuigk.* states that Bright's disease is now treated, in the Hôtel Dieu and Beaujon Hospitals, with tartar emetic and squills principally, and that the quantity of urine increases in the same proportion in which the alvine evacuations become more copious. For our part, we can see no sense in such treatment, provided the albuminuria really proceeds from degenerative disease of the kidneys. It is both contrary to practical experience and to sound reasoning to expect beneficial results from stimulation of an already diseased and congested organ. L.

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10. *Diabetes.*—Dr. Becquerel's observations on this subject, obtained from nearly 2000 patients in hospital practice, contain some valuable points. They are detailed in the *Union Médicale*, 98, 1857. Two species of diabetes must be accepted—idiopathic and symptomatic. 1. *Idiopathic diabetes* is characterized physically by the presence of a very considerable quantity of sugar, with, at the same time, increased secretion of urine, and symptomatically by excessive thirst and appetite, and other more or less important symptoms. 2. The name of *symptomatic diabetes* is given by Becquerel to a certain number of cases where the presence of sugar has been superadded as an accessory moment to another disease. Symptomatic diabetes is characterized as follows: 1. The quantity of sugar present is never very considerable. 2. The quantity of the urine is but little increased. 3. The density of the

urine is but little, if at all, elevated. 4. Neither thirst nor appetite is abnormally increased. The diseases giving rise to symptomatic diabetes are: Diseases of the brain and medulla spinalis; diseases of the liver; affections connected with dyspnœa (very rarely); in puerperal women during lactation ($\frac{5}{12}$ parts of sugar to a thousand). L.

11. *Transmission of Diseases of the Teeth.*—In the *American Journal of Dental Science* for April, Dr. J. G. Russell, in a thesis submitted to the Baltimore College of Dental Surgery, after having descanted at some length on the transmission of diseases, deformities, &c., gives some facts which strongly prove the necessity of parents attending to their teeth not only for their own comfort, &c., but for the sake of their offspring. He instances several cases where females with unhealthy teeth gave birth to children whose teeth soon decayed. He found from his investigations that children born while the mother's teeth were sound and healthy, had excellent teeth, especially where both parents had good teeth; "at a later period, when the mother's teeth were beginning to decay, and causing some pain and derangement of the nervous system, with a partially deranged condition of the gums and mouth, the children showed a correspondingly defective condition." When, by the aid of the dentist, the mother had been relieved, and had none but healthy teeth, or none remaining, he observed a decided improvement in the teeth of the last children. Not only this, but the children suffered in other portions of the system, secondarily, from the effect of these diseased conditions of the teeth and gums. These facts only add to the list of reasons why all should attend to their teeth, and seek the aid of the dentist when required, without loss of time.

12. *Throat Disease caused by Coke.*—In the *Lancet* of April, we find some remarks and cases which evince a deleterious effect from the burning of *coke*. This is much used in this city during the summer, and among the poor, especially, on account of its cheapness, &c. It seems, in many instances, to have produced an irritating effect on the mucous membrane of the throat, "causing suffusion, inflammatory exudation, and also pharyngeal constriction." In the cases mentioned, the symptoms of irritation, &c., were well marked, and all speedily disappeared after the discontinuance of the use of the coke. This may account for the obstinate persistence of dryness, &c., of the mucous passages in many cases, and inquiries should be made, in all instances, as to this matter, when the physician may obtain a satisfactory reason for the inefficiency of his medicines.

13. *Quinine in Typhoid Fever.*—In the *Lancet* for March, a very successful case, under the care of Dr. Fuller, of St. George's Hospital, is mentioned: "The patient was a little boy, eight years old, with well marked symptoms, and a distinct, mulberry rash. Ten grains of quinine were ordered, the first day, every two hours, and the change produced in the general symptoms was positively striking: the pulse came down, his skin was cool and moist, a diarrhœa ceased, and his tongue was moist." The medicine was continued in two-grain doses, three times a day, with four ounces of wine, and all went on well. Dr. Fuller has treated several cases thus, with great benefit.

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14. *Dysuria and Retention, treated by large Doses of Quinine.*—The *Lancet* gives the following: "Dr. Serres, of Dax (France), quotes eleven cases of his own practice where he succeeded in removing the dysuria, or conquered the retention, by giving disulphate of quinine in doses varying from eight to ten grains every half hour. In retention, urine began to flow after the second or third doses, and no instrument was used in the cases mentioned. It would also appear that the quinine did not produce any unpleasant symptoms."

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15. *Pumpkin Seeds for Tape-Worm.*—Dr. J. A. Corwin, of Newark, N. J., writes us as follows: "Having noticed in the *Boston Medical and Surgical Journal* a recommendation of the pumpkin seed for the destruction of the tape-worm, I employed it recently in a case of several years' standing with entire success, after using a few days pills whose principal ingredient was v. turpentine. The case, I was told, had previously had a variety of treatment."

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16. *Puerperal Fever.*—In a paper read by Jos. M. Smith, M. D., before the New York Academy of Medicine, we find some valuable observations on the causes and modes of propagation of puerperal fever. He holds that "idio-miasma" is the primary cause of this affection, and that it also produces the other diseases which prevail under similar circumstances in hospitals, as typhus, erysipelas, etc. Sporadic cases are referred generally by him to this same poisonous principle, and "which is sometimes present in the putrescent fluids discharged from, or lodged in, the uterus and vagina of lying-in women. These fluids are absorbable, and consequently may act as the efficient cause of the disease, especially if an epidemic meteoration exist favorable to the prevalence of the malady."

On the modes of propagation, he seems to adopt the belief that it is contagious. After quoting several instances, he says:—

Though there is good reason to believe that every case in private practice does not arise from a poison conveyed to the patient from a foreign source, yet, that the disease is, in very many instances, produced in this way there is abundant evidence. But that the poison is not a specific contagion, produced exclusively by puerperal fever patients, a poison *sui generis*, capable of inducing no other form of disease than puerperal fever, is apparent from the histories of numerous cases on record. On examining these cases, it is found that the poison communicated was sometimes derived from puerperal fever patients, sometimes from erysipelatous patients, and, in some instances, from other sources. These facts, while they militate against the specific contagiousness of the disease, go to prove its idio-miasmatic origin.

The property by which the specific aeriform contagions are enabled to attach themselves to substances surrounding the persons from whom they emanate, is not peculiar to that class of poisons; it belongs also to vitiated human effluvia, or *idio-miasma*. As this poison readily adheres to clothing and other articles, it may be transported from one habitation to another. It is in this way that physicians, while attending on puerperal fever cases, and other patients from whose exhalations and other discharges idio-miasma is generated, convey the poison to the homes of lying-in women.

If puerperal fever were invariably produced by a poison derived from patients laboring under that disease, there would be less reason to question its specific nature and contagiousness. That such patients are frequently, and perhaps generally, the source of the poison, there is no doubt. Gordon says that though most of the cases that came under his care occurred among the lower classes, yet "women in the higher walks of life were not exempted, when they happened to be delivered by a midwife or physician who had previously attended any patients laboring under the disease."[1]

But the media of communication of the agent producing puerperal fever are not only fomites, such as clothing, etc., but the hands of obstetricians recently imbrued or tainted with morbid or putrescent animal matter; and W. Tyler Smith suggests another medium through which, he thinks, the poison may be propagated. After remarking that "the clothes, hair, and touch of the person exposed to the poisonous influence have been supposed to be the chief means of infection and contagion," he says: "But very remarkable cases are on record, such, for instance, as when the accoucheur has shaved his head, changed the whole of his clothes, cleaned himself by hot baths and vapor baths, and soaked his hands in disinfecting solutions, and yet he has taken the malady about with him." And he adds: "I believe that, in such cases, the blood of the person acting as the medium of infection is infected, and that by the breath a certain halitus, or infectious influence, is given out, which acts upon the blood of the puerperal woman through the lungs, and thus conveys to her system the germs of the disease." The arguments adduced in support of this opinion are ingenious, and worthy of consideration. "If we attend a post-mortem," he says, "when the smell is peculiar—if we spend some time in a lying-in room where the odor

[1] Treatise on the Epidemic of Puerperal Fever of Aberdeen.

of the lochia is very strong—or, if we go into any very powerful smell —the taint evidently enters the body by means of the lungs, and can be perceived subjectively by the taste or smell, or its odor can be distinctly perceived in the saliva or eructations from the stomach, or in the urinary, cutaneous, and other secretions." In this mode, Dr. Smith supposes the blood of a practitioner may become infected by exposure to the puerperal fever poison, and that he may impart it to puerperal women.[1]

After giving arguments and instances to prove that it is produced by the fomites arising from other diseases, he goes on to show how *the miasm of erysipelas produces it.* This he sustains by many marked cases from various quarters; and also that it produces erysipelas in turn. These points being elaborated, prepare us for his ninth proposition, that *puerperal fever and erysipelas are generally concomitant epidemics.* This is a well established fact, and brings to our mind a remark by Dr. D. F. Condie before the Philadelphia County Medical Society, while speaking on diseases of intra-uterine life, to the effect that he had noticed that erysipelas frequently presented itself in the fœtus when the mother had puerperal fever. Dr. Condie considered erysipelas might be but the outward phenomenon of the same disease of which peritonitis was the inward symptom.

Dr. Smith next asks:—

Are puerperal fever, erysipelas, and typhus, one and the same disease? —To this question there can be but one answer, if, in respect to the occasional causes of these diseases, it be allowable to decide it by the philosophical axiom, that like causes produce like effects; for, judging from the facts before us, it is plain that, in very many instances, especially in hospitals, and, in certain circumstances and seasons, in private dwellings, the same exciting or efficient cause produces the three diseases; and, consequently, that there can be no error in concluding that they are, however diverse in form, of the same nature. That this is the conclusion at which many observers have arrived, is sufficiently evident from what has already been said. But to show that such is the fact, it may be well to notice the terms in which that opinion has been explicitly expressed or implied.

He quotes from many eminent writers, to prove the affirmative of this proposition, and then—

The question arises, if typhus, erysipelas, and puerperal fever, spring from a common miasmatic source, why, when one of them is prevalent, are not the others also? That they frequently do prevail together, we have already shown by ample evidence. It is well known, however, that of the maladies in question, the one most liable to be generated in lying-in hospitals is puerperal fever; and, also, that this disease often prevails in such institutions, without either typhus or erysipelas appearing among the nurses and other attendants. Occurrences of this kind

[1] Lancet, November 8, 1856.

invest the subject of puerperal pestilence with the highest interest, as will be seen in the discussion of the topic to which our attention is next invited.

Extreme susceptibility of puerperal women to the effects of idio-miasma.—The extraordinary liability of puerperal women to be affected by *idio-miasma*, and putrid emanations from the human body, is manifestly owing, first, to the physiological changes which the female economy undergoes during utero-gestation and parturition; and, secondly, to the influence of a peculiar insalutary constitution of the air, or *epidemic meteoration*, which recurs and prevails periodically. So highly susceptible are puerperal women rendered by these causes, and especially by the latter, to the impressions of idio-miasma, that no sooner is the poison engendered in lying-in hospitals than it acts upon them with unexampled celerity and force. In many instances, the quantity of the miasm diffused in the air of an apartment is not sufficient to produce disease in the nurses and attendants. It is only when the poison is more concentrated, and there exists an epidemic influence which powerfully predisposes to adynamic diseases, that typhus and erysipelas occur, to any extent, cotemporaneously with puerperal fever and typhus, in lying-in hospitals and private practice.

It is remarkable, too, in how dilute a state *idio-miasma* is capable of acting with severity on women in childbed. Hospitals in which puerperal fever has recently prevailed, often retain a sufficiency of the poison to produce the disease for weeks after they are vacated and rendered apparently pure by the disinfecting agencies of washing, fumigation, and ventilation. This circumstance illustrates the exalted susceptibility of puerperal patients to the noxious operation of idio-miasma; as does, also, the great mortality of the disease. Typhus fever and erysipelas, occurring in nurses and others from the same poison which produces puerperal fever, are comparatively safe diseases; while puerperal fever is fatal to the great majority, and, in some epidemics, to nearly the whole number of those attacked by it.

Nor is it less remarkable that women removed from infected wards before their delivery, with every precaution in regard to cleanliness of person, clothing, and bedding, to pure and airy apartments, sometimes suffer by the disease not less severely, after their parturition, than if no such removal had taken place.

Having given full proofs for all his propositions, he concludes as follows:—

In reviewing the facts which have been stated, it appears that puerperal fever sometimes arises from the noxious air generated from the foul discharges of puerperal women in crowded and ill-ventilated lying-in hospitals; sometimes from the absorption of putrescent matters lodged in the uterus and vagina after parturition; sometimes from the exhalations of patients laboring under typhus fever, erysipelas, and gangrenous diseases; and sometimes from the emanations from the human body dissected after death.

It further appears, that the miasms of typhus, erysipelas, and puerperal fever, are severally capable of producing any one, or all of these diseases; and that they may attach themselves to the persons or cloth-

ing of midwives and physicians, and thus be transported from their sources to the chambers of lying-in women. It is also observable that the more ordinary form of disease induced by the febrific effluvia in question is typhus, and its modification typhoid fever; whilst puerperal fever and hospital erysipelas are but varieties of that disease, taking their forms from the peculiar predisposing conditions of the system, and certain epidemic influences.

Finally, in contemplating the results of our inquiries, there are two things which cannot fail to be specially suggested, and to make durable impressions on the mind. The first is, the importance of preserving in absolute purity the persons, clothing, and bedding, of the inmates, and also the floors, furniture, and atmosphere, of lying-in hospitals; and in case puerperal fever manifests itself, of adopting the most prompt and efficient means of extinguishing it—such as ablution, ventilation, fumigation, and, if necessary, dispersion of the patients. The second is, the imperative duty of physicians ever to bear in mind the danger of their becoming agents of disseminating the disease in epidemic puerperal fever seasons, and to observe every precaution against such accidents. If, indeed, there be any moral obligation resting on a medical man to his patients, paramount to every other, it is that of refraining from attending a female in labor, if there be the slightest chance of his conveying to her the germ of a mortal disease.

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17. *Stomatitis Materna.*—From a paper by Dr. J. W. Hall, of Bainbridge, Ind., in the *Cincinnati Lancet and Observer*, April, we obtain the following ideas on ulcerative inflammation of the mouth in women during the closing months of utero-gestation. It is rarely met with in particular localities, while in others it seems endemic. The affection "appears to be of an aphthous nature, and associated with a disordered system; as that of anæmia, combined with a scrofulous diathesis, dyspepsia, &c." We find it attacking the mucous membrane indifferently, and even migratory in its character. It sometimes becomes chronic.

He mentions a case, which we shall transcribe. "While suckling, the lady was attacked with a sore mouth; she had medical aid, but was not cured; the ulceration had disappeared from the mouth, and was seated in the bowels, producing a chronic diarrhœa, general emaciation, etc. At this period she came under my care, the diarrhœa was persistent, with tenesmic griping pains, the discharges consisting of the unhealthy secretions of a muco-purulent character, and sometimes tinged with blood, the operations being very frequent and small in quantity. At the same time she would be attacked with paroxysms of severe pain in the bowels, sometimes extending to the stomach and right side, which were at first irregular in their return, becoming more frequent as the disease advanced, the paroxysms ultimately recurring daily, the tongue red and smooth at the tip and edges, sometimes its whole surface pre-

senting a red fiery appearance; the appetite voracious; pulse but little accelerated.

"In the treatment of this case, the first indication was to arrest the diarrhœa and restore the bowels to a healthy condition; to arrest the diarrhœa I relied on the mineral and vegetable astringents with opium.

℞—Plumbi acetat. gr. i–ij;
Pulv. opii gr. ss–j.—Ft. pulv.

"Or using pulv. ipecac. et opii, gr. v, for the pulv. opii; or tannin and opium, and given according to the frequency of the discharges. Enemata of starch and laudanum were also used." In order to remove the local disease from the bowels, he gave an emulsion of ol. terebinth. and copaiba, with a few drops of tr. opii.

Tonics, etc., were used to improve the general state of the system, and she gradually improved. Sometimes he found, even after a seemingly perfect restoration to health, a return of the disease. In order to expedite the cure, weaning of the child should be performed immediately.

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18. *Simple Sanguineous Cyst of the Ear in Lunatics.*—In the *Am. Journ. of Insanity*, April, we find a paper on this subject, by W. Phillimore Stiff, M. B., resident physician to the county Asylum, at Nottingham, England, from the *Brit. and For. Medico-Chirurgical Review*.

This is known in lunatic asylums as the "shrivelled ear;" and Dr. F. Bird, of the Asylum at Sieburg, first defined its connection with insanity. Dr. Stiff gives records of several cases now under his care at the Nottingham Asylum. He has "examined the ears of two hundred and forty-nine patients, and finds the cartilages more or less thickened and indurated in seventeen." It occurs most frequently in males. He offers the following account of this disease, dividing it into four stages.

"1. The stage of hyperæmia, and probably chronic arteritis, as shown by the congestion and loss of elasticity of the cartilage.

"2. The stage of effusion; an apoplectic foyer is suddenly formed, causing obliteration of the ridges and depressions of the ear.

"3. The cystic stage; in a comparatively short time absorption commences, the ridges reappear, but altered in shape.

"4. Permanent induration, complete absorption of the fluid, and occasionally atrophy of the ear."

He considers that some points in the anatomy of the external ear throw light upon the nature of the disease, viz:—

"1. In all these cases the disease was situated on the anterior surface of the pinna, and this is in consonance with the well-known vascularity of the part. On this surface the branches of the anterior and posterior

auricular arteries ramify and anastomose. It is worthy of note that the posterior auricular artery gives off the stylomastoid, which runs a remarkable course, and terminates by anastomosing with the middle meningeal in the cavity of the cranium.

"2. The paucity of lymphatic vessels on this surface, as compared with the posterior, explains the chronic character of the cystic stage.

"3. The lobule is never affected."

He refutes the hypothesis that these "hæmatomata" are the result of a scorbutic state of the blood. They were not to be traced to any physical injury, or mechanical restraints. He concludes "that simple sanguineous cyst of the ear is the result of a true hemorrhage consequent upon impaired texture of the coats and laceration of the small blood-vessels of the perichondrium, and produced by causes analogous to those that excite cerebral apoplexy. The duration of the disease seems to depend upon the extent of the cartilage affected, and the size of the cyst. It tends towards spontaneous cure. The sense of hearing is not necessarily affected. Local applications are superfluous. It must, however, be conceded that the presence of the hæmatoma adds to the gravity of the prognosis of the mental disorder.

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19. *Insanity.*—From the *Fifteenth Ann. Report of the State Lunatic Asylum*, New York, we glean the following items on this subject:—

This institution has had under charge during this year 696 patients, of whom 360 were males, and 336 females. Discharged as perfectly recovered 95; improved 25; died 32.

Of 235 patients, 75 were housekeepers; next come farmers 43; physicians 5. Of the causes of insanity, we find 33 resulted from bad habits, as intemperance, etc., 48; ill health 42; trouble and hard labor 54. The period during which they remained under treatment ranged from three months to five years. In twelve months, and very often less, the grand majority were cured, or so much improved as to be discharged.

In 95 cases discharged, recovered, acute mania was present in 42; dementia 22; melancholia 11. By constantly furnishing the patients with employment they are prevented from dwelling on their troubles or fancies, and thus a healthy tone is imparted to the mind.

This institution has met with a great misfortune in the destruction by fire of the barn and a large portion of the main building, during which two gentlemen were killed while aiding in suppressing the flames.

In the course of a few years, the many asylums of this class scattered over our land have done an immense amount of good. Many are now perfectly restored, who, under the former regimen, would have fretted out their lives in chains.

(*c.*) PHYSIOLOGICAL.

1. *On the Functions of the Thyroid Body.* (*Am. Journ. Dental Science.*)—Dr. Peter Martyn has communicated to the Royal Society some very ingenious speculations as to the use of this remarkable body. He first calls attention to the necessity of rigidity in all round instruments. This is accomplished, he thinks, by the thyroid gland, which, being pressed upon by the muscles, during the act of speaking, becomes gorged with blood, and presses upon the larynx, rendering it tense. Furthermore, he believes this so-called gland acts as a loader. In musical instruments, loaders are used to render the vibrations slower and longer, and the tone in consequence fuller, louder, and deeper. They thus give to the voicing part of a small instrument the power and quality of a large one. The human organ of voice is only three inches long, and yet it has the same power as, and better quality of tone than, the instrument which more nearly approaches it—the French horn, which is nine feet, or the vox humana pipe of a moderate sized organ, which is from four to eight feet long. This economy of size in the human organ has always been wondered at, but never, that I know, explained. Finally, the author believes that by the varying shape, bulk, density and pressure of this body, it aids materially in producing the qualities of modulation and expression belonging to the human voice.

(*d.*) TOXICOLOGICAL.

1. *Recovery after Large Doses of Opium.*—Dr. McNulty read a paper before the Academy of Medicine of New York, in which he mentions some remarkable cases where opium was taken with suicidal intent in enormous doses, and yet the patients recovered. He mentions one case where a woman took ℥j of laudanum. She was seen five hours after with all the characteristics of narcotism, and yet, under the influence of emetic doses of sulph. zinc, strong coffee, exercise, &c., she recovered.

Another case was that of a child, æt. 9 months, to whom, by a mistake in the prescription, was given ♏ xvj; and the father, being over anxious, gave this dose every half hour.

It had taken four such doses before danger was thought of, yet external stimulation being kept up for some hours, the child recovered.

A man took ℥ij in half a pint of alcohol. All the symptoms of narcotism were well marked. The stomach pump, exercise, coffee and stimulants, succeeded in producing a complete recovery.

A man after dissipating for some time, took twenty-five grains of

morphia, which was ascertained to be pure, yet he did not show even the signs of narcotism, and no treatment was demanded. [May it not have been from the fact of his having for some weeks previous been under the effects of the excessive use of alcoholic drinks, and thus it acted merely as a preventive of delirium tremens, as we see in the treatment of this disease?—Ed. M. and S. Rep.]

Several other cases are mentioned, in one of which a lady while partially deranged, took ℥vj of laudanum, slept fourteen hours, and under treatment as above, recovered.

These cases cause Dr. McN. to ask if we have not somewhat overestimated the poisoning power of opium.

MEDICAL SOCIETIES AND HOSPITAL REPORTS.

Art. VI.—*Bellevue Hospital*, New York. Reported by Samuel R. Forman, M. D.

March.

During the past month several changes have occurred, which have added much to the interest always presented in an institution of this kind. The destruction of the Island Hospital by fire has turned hither a large class of interesting, and now but too common, diseases. Heretofore the only cases of primary syphilis we met in practice here were incidental; now we receive a large number. This, together with the recent change in the weather, has increased the number of inmates to about one thousand. There is still room, however, for nearly two hundred more.

Within the past two weeks there have been admitted upwards of forty cases of acute and subacute rheumatism. The treatment pursued is that which is usual here, for in every hospital, though yearly changes in resident physicians will prevent routine practice, there comes to be a settled plan with regard to most diseases; generally Rochelle salts, or some other alkali, is administered in combination with colchicum and opium, with alkaline and anodyne washes locally. In cases complicated with pericarditis, wet cups or leeches locally, followed at the proper time by blisters dressed with mercurial ointments, and calomel and opium internally, or the calomel, digitalis, and squill pill. In two recent cases, veratrum viride as an adjuvant was tried, but neither of the specimens exhibited, exerted any sedative influence. In both, vomiting was produced without any reduction in the frequency of the pulse.

In the lying-in department, there were thirty-nine deliveries during

February. In the earlier part of the month, puerperal fever prevailed to such an extent, there being ten cases, two of them fatal, that it was thought necessary to change the ward; since which time the disease has not appeared, though there was necessarily some intercommunication between the old and new wards. Several interesting cases occurred; among them one of puerperal convulsions, of which I give a sketch. Dr. Elliot visiting physician:—

Mary C——, a stout, plethoric Irish woman of 24, primipara, was taken with labor pains early in the morning of the 15th. She had four violent convulsions before 9 A. M., at which time she was bled ℥viij from the arm; pulse fell from 116 to 80; os uteri dilatable; chloroform was given freely on premonitions of convulsions, nevertheless a fifth one followed in 15 minutes. She was delivered unconsciously of a living child at 10.15; at 10.30 a sixth convulsion; purgatives were given, and as the urine was found to be highly albuminous, four wet cups were ordered over each kidney; chloroform was administered about every half hour, so that she was nearly all the while under its influence; a 7th convulsion at 1 P. M.; 8th, at 2; 9th, at 4; 10th, at 4.10; 11th, at 4.27; 12th, at 4.40; 13th, at 5.20; 14th, at 6.50; all lasting less than a minute; pulse ranging from 80 to 100; pupils variable; convulsions violent, general, epileptiform; a 15th, at 7 P. M.; 16th, at 7.20; in a few seconds a 17th; pulse now 126, resp. 26. Chloroform continued still, so as to keep her constantly under its influence; bowels moved freely; four wet cups were applied to back of neck over medulla oblongata at 9½, which gave manifest improvement, and so much relief, that she fell into a natural sleep which lasted till 11; when awakened by noise, she was immediately convulsed. The next day the same tendency to convulsions being apparent, she was kept under chloroform all day; she became conscious for a few minutes about noon; pulse varying from 100 to 120; bowels free; urine still highly albuminous, containing some epithelial casts from kidney. Chloroform was gradually withheld, and on the 17th she took none; pulse 108; she was dull and stupid, but by degrees regained in about four days her natural intelligence. She had no recollection of what had passed since her first convulsion. She had a rapid convalescence without any unusual symptoms. Her urine gradually became free from its albumen. Over 1¼ lbs. of chloroform were used—it being given from a towel, much the larger part was wasted.

On the 10th, Dr. Elliot delivered a primipara by forceps, after retention of the head before descent; delay caused by too great flexion. The presentation was right occipito anterior, the second stage (after

rupture of membranes till delivery of child) was thirteen hours long; child living; mother died 49½ hours after from puerperal fever.

Another application of forceps was made in a breech presentation, for retained head. The child was dead before they could be resorted to.

In a case of rachitis, premature delivery would have been induced by the warm douche had not the danger of puerperal fever prevented. The woman was afterwards delivered after a natural labor (of which the first stage was 36½ hours), of an 8½ months' child, weighing 7½ lbs.

The only other case of special interest, was one of vomiting during the last months of pregnancy:—

"E. G——, aged 32, 9th pregnancy; previous labors natural; menstruated last in March. About the 1st of January, was seized with nausea and vomiting; at first mere biliary matter; bowels constipated; bismuth, lime-water, hydrocyanic acid, bicarbonate of soda, chloroform, and various other remedies were fruitless. Support was given by mouth, but soon she could retain nothing in her stomach. Her vomiting came on, however, at variable periods after eating, and was moderated by care in diet, but at last even milk was rejected. Support was administered by the rectum; but, as she was evidently failing fast, Dr. Elliot determined to induce premature labor. When brought to lying-in wards her pulse was 104, feeble; os uteri patulous; lips thick; head presenting; a warm douche of 1½ gallon of water was given, and repeated in 4½ hours; an ounce of champagne was administered, but immediately rejected; at 7 A. M., pulse 94; champagne, even in small doses, vomited; at 9, labor pains began; at 10½, membranes ruptured; child born at 2.45. Brandy and wine of ergot injected; vomited once between birth of child and delivery of placenta. At 4 P. M., Dr. Elliot removed the adherent placenta without hemorrhage; uterus contracted well; milk given; vomiting again at 5; growing feeble; give a hot air bath; died at 12¼ A. M.; child died four minutes previously. Autopsy 30 hours after death: mucous membrane of stomach of a greenish yellow tinge, somewhat mammillated; no marked softening, except in greater curvature; no traces of inflammation; liver normal in size and color, but generally and markedly softened; posterior and inferior surfaces of semifluid and pultaceous consistence, so soft as to be almost diffluent; no unusual amount of fat in the hepatic cells; some were partially disintegrated; free granular matter was abundant; uterine tissue easily lacerated; no other pathological appearances were presented."

The surgical divisions have also presented a large number of interesting cases. Among the operations have been two amputations of the thigh; one of the leg; two of the breast; castration, and an operation for strangulated femoral hernia. Five of these were performed by Dr.

Wood, and two by Dr. Willard Parker. They were all witnessed by a large class of students.

APRIL.

Change of season, while it removes from us many chronic cases, brings in more than usual of acute disease. The past month has been especially productive of inflammatory affections of the chest. Of these, pneumonia ranks first in number and importance. The plan of treatment usually pursued is, locally, dry cups, twenty to forty—wet ones being almost always contraindicated here by the constitution and habits of the patient or by the stage of the disease (after the fourth or fifth day). After the cups, a warm *oiled silk jacket* is put on next the skin, and over that a flannel one; these, in connection with other remedies, act as a most efficient diaphoretic. Internally, when the patient will bear it, a sixteenth to an eighth of a grain of tartar emetic is given every hour, or instead of it a grain of ipecac. every hour or two. If patient is restless at night a few grains of Dover's powder are administered. If there is a tendency to a typhoid condition, turpentine frictions to the chest, and milk punch and brandy are employed. Under this plan of treatment the inflammation generally begins to resolve by the eighth or tenth day. The diet is usually beef-tea, eggs, farina, &c.

In the obstetrical department but few cases of interest occurred. The first was a case of placental apoplexy, where the clot and placenta together were so large as to lead to the supposition, after the fœtus was delivered, that there was a second child, the placenta weighing nearly two and a half pounds, and the clot nearly as much. The fœtus had been dead about two weeks. A similar accident happened to the woman four years previously.

The next case of unnatural labor was one of ruptured uterus, which I take from notes by Dr. McEwen, who conducted it.

Mary H——, a native of Ireland, aged 23, a stout plethoric woman, taken with labor pains at 5 P. M., March 17th. Pain mild till 11 P. M. The os at this time about the size of a half dollar, and dilatable; head presenting in left occipito anterior position; fœtal heart in left iliac region; general condition good; pains increased in severity for an hour, when the membranes ruptured; pulse 84, full and strong; she was, however, very restless, and seemed in great pain. By 1 A. M. head had reached inferior strait, rotation incomplete; it rested there, the patient becoming worse; pulse running up; expression anxious. By 3½ pain was agonizing, she screaming and rubbing her abdomen; extreme tenderness; pulse 120, small and feeble; face haggard. It was decided to wait no longer, but deliver artificially. The forceps were

then applied by Dr. McEwen; fœtal heart inaudible; child was delivered dead. On examination a rupture of the anterior wall of the uterus was discovered. Fifteen grains of ergot and two of opium were given. At 7¼, pulse 132; respiration 56; abdomen becoming tympanitic; morphine was administered in gradually increased doses, till two grains per hour were given; brandy freely; but little relief being afforded, and her agony being intense, she was kept slightly under the influence of chloroform till 3 P. M., when she died. Autopsy 28 hours after death. *Abdominal cavity.*—About twenty ounces bloody serum; loose clots; intense general peritoneal injection. *Uterus.*—Firmly contracted; on the anterior wall, just above the vagina, was a transverse laceration about four and a half inches long; under the microscope, slight fatty degeneration of the tissue in that part was observed. *Pelvis.*—Promontory of sacrum sharp and prominent; antero-posterior diameter of superior strait three and a half inches; linea ileo-pectinea presented a very sharp edge.

The only other case of operative midwifery was one in which the forceps were applied by Dr. Burrall, for delay caused by uterine inertia. The woman died of puerperal fever four days after.

In the surgical divisions of the hospital there have been as elsewhere many cases of erysipelas, nearly all of which recovered rapidly under the use of tonics (especially tincture of the muriate of iron and quinine) and stimulants. The chief operations have been a reduction of a dislocation of the head of the femur into the sciatic notch by manipulation, performed by Dr. Parker; an amputation of the foot at the ankle-joint (Syme's method), for a comminuted fracture of the os calcis; owing to the injured condition of the main artery, part of the flap sloughed so that amputation became necessary. Dr. Parker remarked that he thought that in operations in contiguity there was much less shock than followed those in continuity. Dr. Smith operated three times, once trephining, once amputating, and once removing a recurrent fibroid tumor from the neck. There were also three operations for vesico-vaginal fistula.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

ART. VII.—*The Principles and Practice of Obstetrics, including the Treatment of Chronic Inflammation of the Uterus, considered as a Frequent Cause of Abortion.* By HENRY MILLER, M. D., Prof. of Obstetric Medicine in the Medical Department of the University of Louisville, Ky. With illustrations on wood. Pp. 624. Philadelphia: Blanchard & Lea, 1858.

THE first edition of this work was published several years since, and a new one has been long in demand. The work before us consists of sixteen chapters. The *first* and *second* treat of the anatomy and physiology of the pelvis and sexual organs of the female; the *third* treats of the clinical exploration of the female sexual organs; the *fourth* of pregnancy; the *fifth* of abortion; the *sixth* of the flooding of advanced pregnancy and incipient parturition; the *seventh*, *eighth*, and *ninth* chapters treat of the causes, phenomena, and diagnosis and prognosis of labor; the remaining seven being devoted to the ordinary and special treatment of the several stages of labor.

In the first four chapters, comprising the elementary part of a work on obstetrics, the author informs us that he has drawn largely, especially in the anatomical description of the pelvis and of the organs of generation, from the work of Prof. Paul-Antoine Dubois, now in course of publication. This portion of the work is admirably illustrated. In the clinical exploration of the female sexual organs, our author gives due prominence to Simpson's uterine sound, and to specular examination, both immediate and mediate, in other words, ocular inspection; immediate as respects the external organs, or mediate by means of the speculum uteri as respects the more internal ones.

As Dr. Miller is an enthusiastic advocate of the speculum, we give his mode of conducting the specular examination in full; and if, at first view, his directions would seem to be offensive to female modesty, we respectfully submit that the modes of clinical examination of females in diseases of the sexual organs have not advanced in an equal ratio with the public display of certain articles of feminine apparel which were at one time thought to belong too exclusively to the person of a woman to be submitted to the gaze even of her own family circle, much less of the public. An age which obstructs our sidewalks with "skeleton skirts," and "hooped petticoats," and tolerates such a display of under garments as is made by our ladies when promenading, has no right to

speak lightly of modes of clinical examination which are absolutely necessary for an intelligent treatment of many of the diseases which render life miserable to the frailest (physically speaking) part of humanity. Men who do not have these sufferings to endure are not competent to judge in this matter; nor are those women who are fortunately exempt from such harrowing torture. Only the *true* physician, however, can be trusted on occasions of such transcendent importance.

The patient should lie with hips as near the edge of the bed as she conveniently can, with the inferior extremities flexed, and the feet resting on the bed; not on stools or chairs, as some will have it. A counterpane or sheet, thrown over the lap and reaching down to the bed, completes all the preliminary arrangements.

The practitioner first makes a tactual examination, which, if it be for the first time, ought to be thorough; otherwise it may be slight, and is chiefly intended to learn the position of the os uteri. The visual examination follows, and ought to be both immediate and mediate; immediate for the vulva, and mediate for the vagina and uterus. For mediate vision, the *speculum uteri* is employed—an instrument that has been variously modified and made of divers materials; but those which I am accustomed to use are, the four-bladed speculum, made of German silver, which can be converted into a bivalve by detaching two of its blades, and, silver tubes of different sizes. A slight peculiarity in my tubular specula will be presently explained.

The tactual examination being completed, the forefinger of the right hand is withdrawn, and that of the left hand inserted a short distance in the vagina. This may be pressed pretty firmly upon the right side of the vagina, and slowly retracted to the vaginal orifice, where it is to be firmly held against the inner face of the right labium; the point of the second finger is then made to press against the inner face of the left labium, to part it from its fellow. The vulva is thus opened, and its several parts can be rapidly inspected, previous to the introduction of the speculum. To gain this access to the vulva, the left forearm pushes the sheet or counterpane between the knees of the patient, so that its dependent border is just above the vulva, whilst the inner surfaces of the thighs are covered by it. In this way, there is no exposure, except of the part that must needs be exposed, else no ocular examination can be made. Whilst the labia are thus held apart, the speculum, previously oiled, is to be inserted into the vaginal orifice and passed up at once to the os uteri, the locality of which has just been ascertained by the digital examination. If the bivalve speculum be used, the vaginal surface can be examined between the blades, and by revolving it, the whole surface may be brought successively and longitudinally under the view; if, on the contrary, the tube be used, by slowly retracting it, we get a view of it circularly, as portion after portion of it recedes from the speculum. I hardly know whether the bladed or the tube speculum is best; or whether, indeed, either ought to be dogmatically preferred to the other. I use them both indifferently, and could, perhaps, if questioned, give no better reason why I am now found mostly using the one, but because I am tired of the other. Still, there

are cases in which one answers better than the other, but it is difficult to designate them otherwise than by saying that in some the vagina crowds in between the blades of the bivalve or even of the quadrivalve, so as to intercept the view of the os uteri, and then the tube answers best; in others, the os uteri is so high up and so far backwards that it cannot be reached by the tube, but may be brought forwards by the bladed speculum.

Many writers, and among them Prof. Simpson, are particular to direct that the speculum should be introduced under cover, and with the aid of the touch alone, and some of them think that it is more decent and less offensive to female modesty, if the patient be placed upon her left side rather than the back. I used to be of this way of thinking, but my thoughts have changed, for after all, the genital organs, including the vulva, must be seen; and if they are not seen *sursum* they must be seen *deorsum*, so that it is only a sham to take these delicate precautions. Genuine modesty consists in scrupulously protecting our patients against unnecessary exposure; all beyond this is counterfeit.

As our author lays considerable stress on the importance and frequency of ulceration of the os uteri, we present his definition of the term in his own words:—

What is ulceration? "A solution of continuity in the soft parts, of longer or shorter standing, accompanied by a purulent discharge, and kept up by some local disease, or constitutional cause." Such is the definition given in *Dunglison's Dictionary*, in which all must acquiesce. Now, on certain points of the genital mucous membrane, where evidently inflammation runs highest, there is a destruction of the epithelium, plainly the result of inflammatory action, and the surface, thus denuded, secretes pus abundantly, and will continue to secrete it until the phlogosis subsides, and the raw surface is again provided with an epithelial covering. The loss of substance seldom extends deeper than the epithelium, and the solution of continuity is, therefore, quite superficial, but it is not the less real; and surely the definition of ulceration is as completely fulfilled by a line as by an inch or a foot. Hence, the unreasonableness of those who insist on calling such ulcerations "abrasions," or "excoriations," on account of their superficialness. If, in so doing, they desire to sink the pathological importance of these ulcerations, nothing is gained, for they cannot regard them as more insignificant than do the more intelligent of those who have written most concerning them, who all consider them the products—the sequelæ of inflammation, and not the primary or essential disease.

It was, as I have shown in another work,[1] by setting up this man of straw, *ulceration of the os uteri*, and demolishing it with a great flourish, that Dr. Charles West attempted, in his *Croonian Lectures*, to decry the speculum; all in vain, however, for even could the ghost be killed off, the substratum, inflammation, remains, and is not so easily vanquished.

Dr. Miller regards abortion as a frequent cause of ulceration and

[1] Lectures in reply to Dr. West.

chronic inflammation of the os and cervix uteri. He says: "That these parts would be likely to suffer from abortion, is no more than might, *à priori*, be expected, considering their organic condition at the time, and the amount of force that is required to overcome their resistance. Forced to dilate at a time when there is but little dilatability, lesion of structure is the not unfrequent consequence; which, though it may be slight, is sufficient to set up inflammation, which is all the more disposed to spread and take deep root on account of the travail so recently encountered."

The form of uterine speculum and sound recommended by Dr. Miller is described as follows:—

The speculum differs from the common tube, in having its extremities beveled in opposite directions, so as to shorten one of its sides, which is turned towards the pubes in its introduction—a form of tube speculum, I may remark, superior to that in common use, in all cases, because it admits more light, and gives easier access to the os uteri. The shortness of its pubic side permits the ready introduction of the sound through it, which is then passed into the uterine cavity by the aid of sight. The sound itself differs somewhat from Prof. Simpson's, being rather shorter, and having a handle like a catheter, to render it more portable. Instead of being graduated, it has only a double knob at the distance of three inches from its point, that serves as a landmark, from which we may estimate, near enough for practical uses, the depth of its penetration.

In this connection Dr. Miller speaks incidentally of the value of the speculum in revealing *a new visible sign of pregnancy* to which attention has been called by Mr. Whitehead, of Manchester, viz: the change of the shape of the orifice of the womb from the *linear form* in the unimpregnated uterus, to first, an apparent sinking in or dimpling of the os; then, in the fourth week, its partially patulent condition, being now an *elliptical* or *rounded* aperture, occupied by a deposition of gelatinous mucus. Then, at the sixth or eighth week the os becomes decidedly *oval* or *irregularly circular*, with a *puckered* or *indented* boundary, having a relaxed and lobulated character. This sign of pregnancy revealed by the speculum is important on account of its early development.

But we must pass over, for want of space, much that it would be very interesting to notice, and look briefly into the subjects of *abortion* and *flooding*. And first, our author apologizes for introducing the consideration of the topical treatment of inflammatory affections of the uterus, and displacements of the organ, into a work on obstetrics, on the ground that he is desirous of giving the results of his observation and experience in these important classes of sexual maladies of women,

while he does not contemplate publishing a separate work on the diseases of females.

Abortion Dr. Miller regards as the "great disease of pregnancy, inasmuch as it destroys the fruit of the womb, and blasts the hopes that were excited by its blossom." In opposition to the view of Prof. Meigs, who teaches that in abortion the hemorrhage comes from the placental superficies of the womb, and always implies detachment, to a greater or less extent, of the placenta from the internal surface of the uterus, Dr. Miller holds that it flows chiefly from the decidual vessels, probably from both layers of the decidua, and may issue from any point of the ovum or internal surface of the uterus, while in parturition it flows exclusively from that portion of the uterus to which the placenta was attached, proceeding from the ruptured utero-placental vessels.

In explanation of the prolonged adhesion of the placenta in abortions, Dr. Miller mentions a cause which he thinks has been entirely overlooked by authors, viz: *the firm adhesion of the decidua to the inner surface of the uterus.* "The decidua being nothing less than the mucous coat of the uterus in process of preparation for ejection at the term of pregnancy, its connection with the subjacent coat is too strong to admit of easy dissolution, and may be so intimate as to require long-continued efforts for its severance."

Of the *causes* of abortion, our author regards a diseased state of the uterus itself as the most prolific. "In very many instances of abortion, and especially of abortion frequently recurring in the same individual, it has been found that the uterus is in a diseased state, in whole or in part; and, when a portion only is affected, it is the cervix more often than the body. As to the particular disease itself, it is inflammation of the uterine mucous membrane, which may invade also the parenchyma of the organ."

Dr. Miller is supported in this view of the cause of abortions in part by Dr. Henry Bennett, of London, and more fully by Mr. Whitehead, of Manchester, England. He combats, and we think with a good show of reason, the abstract idea of "irritable uterus," as a frequent cause of abortions, as seemingly, at least, taught by the distinguished professors of midwifery in the two principal medical colleges of this city—Drs. Meigs and Hodge. If there is irritability of the uterus there must be *a cause* for it appreciable to the senses, and that cause, according to Dr. M., lies in organic changes in the condition of the mucous membrane of the parts. We have ulceration at the mouth of the womb and inflammation of the neck, and then, often, as a consequence, the "irritable uterus," a true *endo-uteritis.*

We now come to the subject of *treatment* of abortion. Without in-

tending to follow our author in all his details of the treatment, we wish to present an outline of his principal views on the subject. He divides the treatment into 1, the *resistive;* 2, the *palliative*, and 3, the *prophylactic*. Our author offers nothing new under the first head, though he protests against such heroic ideas of bloodletting as an element of the resistive treatment as were inculcated by Dr. Dewees, and which were so long blindly acquiesced in by the profession.

It becoming necessary to abandon the attempt to preserve the ovum, the palliative treatment calls for the exhibition of such agents as will tend to excite uterine contraction—such as ergot, brisk cathartics, gentle exercise, &c. To control alarming hemorrhage, the tampon is recommended. The Doctor takes occasion to animadvert on the loose notions of the tampon which obtain with some practitioners, who seem to think that a bit of sponge or lint inserted into the vagina is all that is needed. He recommends *cotton batting* (clean raw cotton), a double handful of which is to be rolled into a cylinder, eight or ten inches long, and as large as can be conveniently introduced. This should be crowded up till the vagina is filled to moderate distension from its superior to its inferior extremity. The tampon acts not only as a hæmostatic, but as an oxytocic, not unfrequently exciting the uterus, by the irritation it produces, to increased energy, expelling both tampon and ovum. When tolerated, the tampon should be removed about once in twenty-four hours, and replaced by another.

In cases requiring manual assistance in the removal of the secundines, our author prefers "fingers before forks," and consequently does not recommend Dewees' hook, or any other instrument than the fingers. He cites a deplorable case which came under his observation in which the fundus of the uterus was transfixed by a practitioner "not unskilled in obstetricy," who fished out of the os uteri a portion of the intestines, supposing he had the placenta! The patient died in a few days of strangulated hernia.

The most important part of the treatment is the *prophylactic*, which consists in the *cure of the uterine disease*, which, in by far the majority of the cases, is the true cause of it. And here, the local treatment, consisting of the application of remedies directly to the uterus by means of the speculum, is of far more consequence than the constitutional. This mode of treatment may be safely resorted to even during pregnancy, provided the disease is confined to the vaginal portion of the neck. According to Dr. Miller, "the keystone of the treatment of the inflammatory and ulcerative affections of the cervix is the application to the diseased part itself of certain agents reputed caustics." Our author usually begins the treatment with local depletion by means of

leeches or scarification. We copy the following on the subject of cauterization of the os uteri :—

Cauterization is a comprehensive term, embracing a considerable variety of articles, which are brought to bear directly upon the inflamed and ulcerated cervix uteri through the speculum, of which the principal are, the *nitrate of silver, creasote, iodine,* the *acid nitrate of mercury, caustic potash,* and the *potassa cum calce.* It is not without design that I have placed the nitrate of silver at the head of the list, because the range of its application is greatest, and it is by far the most useful. In the majority of cases, indeed, I do not myself make any other specular application or find any other needful, and the form in which I employ it is the stick, taking care to procure a pure article. The cervix being embraced and fully exposed by the introduction of a proper-sized speculum, and the mucus or muco-pus being wiped from its external surface and also from the internal, if the disease extends into its cavity, there is no difficulty in conveying the solid nitrate to it with a porte-caustic (which may be a goose-quill for want of a better), and in passing it over the whole of the diseased surface, until a whitish pellicle is formed upon it. If it be necessary to cauterize the cervical canal, the stick of nitrate of silver ought to be an inch long, or a saturated solution of it, made extemporaneously by lightly drawing it over a strip of wet lint, may be substituted. The medicated lint may be pushed into the cervical cavity with a probe, and allowed to remain a minute or so, taking the precaution not to introduce the whole of it, in order that it may be more readily retracted by the speculum forceps.

The application of the nitrate of silver to the cervix does not generally cause much pain, but the patient usually complains, for a day or two, of aching and soreness in the uterine region, and some aggravation of the pains, which are symptomatic of the disease under which she is laboring. It is not at all unusual for slight hemorrhage to follow the application, and the leucorrhœal discharge is always increased for the next three or four days, both of which may be regarded as favorable. One of the most common errors which I have noted is, the too great frequency of these applications ; patients have often come under my care who had been treated by other physicians, and they have assured me that they had been cauterized, some every day, and others every second or third day. When the treatment is thus hotly pursued, it is evident that sufficient time is not allowed for the effects of one application to subside before another follows, and so a degree of irritation is kept up perpetually, which is preventive of a return of the parts to their normal condition. The nitrate of silver ought not, in my opinion, to be applied oftener than once a week, or once in every ten or twelve days, and when it has been kept up at this rate until six or eight applications have been made, or until there is perceptible improvement, it is sometimes judicious to suspend its use in order to see whether the disease will not wholly disappear under milder remedies.

The existence of pregnancy demands some precautions in the use of the nitrate of silver and other topical applications ; at least, I have been led by my own observation to doubt the safety of cauterizing the internal surface of the cervix to any considerable depth, for it has appeared

to me that expulsive contractions are more liable to be excited than when cauterization is limited to the external surface.

In respect to the *modus operandi* of nitrate of silver, topically applied, a diversity of opinion exists, and, perhaps, it is not after all very clearly comprehended. We are accustomed to speak of it as a caustic, but, if it deserves to be so considered, it is only in a qualified sense. Certainly it does not destroy the vitality of the part deeply, like caustic potash, and produce an eschar, whose detachment by an inflammatory process leaves an excavated ulcer to be healed by granulation. Nitrate of silver cannot be so applied, no matter how long it is held in contact with the mucous tissue, as to be followed by any such consequences as these. I feel warranted in making this unqualified assertion, for it has more than once happened to me, in cauterizing the interior of the cervix, that the stick of nitrate of silver has broken, and half an inch to an inch of it has been incarcerated in the cervical cavity. When this accident occurs, it is not always possible to extract the fragment on account of the contraction of the orifice excited by the nitrate, and I have been compelled to let it remain. More severe pain and much more hemorrhage are apt to ensue than from ordinary cauterization, but I have never, on the closest inspection made a few days subsequently, satisfied myself that there was any loss of substance, and, in a week or ten days, the appearances are the same as though the part had been but lightly touched.

I conclude, therefore, that if nitrate of silver be a caustic at all, it is a very superficial one, and that it cannot be made to burn deeply. How, then, does it act, so as to exert its acknowledged control over the inflammatory and ulcerative processes? Perhaps the candid reply to this query is, we do not know, we know only the ultimate effects, and this knowledge is altogether empirical. I have, nevertheless, formed certain conceptions which I may be pardoned for emitting. The first and most conspicuous action of nitrate of silver is, I conceive, that of *a peculiar and most powerful astringent*, instantaneously condensing the tissue to which it is applied in the greatest degree compatible with its vitality. This astringent action is, as it appears to me, extended to a greater depth than the tissue to which the application is made, so that all the anatomical elements of the cervix are brought under its influence, the immediate effects of which are contraction of the capillary vessels, and likewise of the muscular fibres, diminishing the congestion and increasing the tonicity of the tissues. Its secondary action resembles that of cantharides more than that of a pure caustic; it does not, it is true, produce vesication—for the exceedingly delicate structure of the epithelium compared with the epidermis does not admit of this—but it excites an increased secretion of the part, which changes from serous to muco-serous and muco-purulent. The mucous surface, under its influence, may be conceived to be in a similar condition to the skin blistered by cantharides but protected by the unbroken cuticle, as the mucous surface is protected by a pellicle of coagulated albumen; the condition is one of benign inflammation, which is relieved by the increased secretion, and is remedial in its tendency. According to this view, the nitrate of silver, applied to the genital mucous membrane, may subdue its inflammation by an action analogous to that of cantharides applied to the skin to arrest erysipelatous inflammation.

We will not follow our author in the discussion of the more potent and mild caustic applications, as they are little used, comparatively, with the nitrate of silver. Nor will we occupy space with comment on the subject of intra-vaginal injections.

A discussion of the treatment of *endo-uteritis* gives our author occasion to remark as follows concerning intra-uterine cauterization, premising that instead of throwing into the womb a caustic solution, he dips strips of lint into a saturated solution of nitrate of silver, and applies it by means of a "fluid porte-caustic."

I have cauterized the cavity of the uterus a great many times, not only with the nitrate of silver, but also with creasote, sulphate of copper, tincture of iodine, and even with the acid nitrate of mercury, without any more pain than attends cauterization of the cervix, and without any evil consequences whatever. My own multiplied clinical observations compel me to dissent from the prevalent, if not universal, opinion that the cavity of the body of the uterus is a sanctum, which is much more sensitive than the neck, and will not brook any form of therapeutic approach—an opinion with which even Dr. Bennett is strongly imbued. I say again that I have not found it so; but, on the contrary, I treat the cavity of the body topically as familiarly and with as little apprehension as I do that of the neck. It will be esteemed paradoxical that a cavity which will not bear the injection of a solution of the nitrate of silver, of the strength of two grains to the ounce of water, will, nevertheless, bear to be cauterized with a saturated solution after my method —and so it doubtless is; it does not, however, concern me to explain paradoxes but only to avouch facts, which can be confirmed or refuted by others. The paradox in this instance will, I suspect, find its solution in the peculiar anatomical circumstances of the uterus, in the fact of its being the medium of opening a communication with a great serous cavity, that of the peritoneum, through the Fallopian tubes—the only example in the whole animal economy of a serous cavity communicating with another lined by a different kind of membrane. Through these apertures it is not unreasonable to believe that fluids injected into the uterus may find their way and excite peritoneal irritation or inflammation. It is true that the experiments of Vidal, already referred to, appear to negative this supposition; but these experiments, it must be remembered, were performed on the *dead* body, and the inferences deduced from them may, therefore, be wholly inapplicable to the living, in which vital motions may convey even the smallest quantity of fluid far beyond the point to which it is artificially projected. But whether a drop of the fluid of intra-uterine injections can penetrate through the Fallopian orifices or not, the fact remains that this kind of topical medication is pregnant with danger, whilst that which I have recommended is innocuous.

The safety of intra-uterine cauterization being established, we are concerned to inquire into its therapeutic value, and I have no hesitation in affirming that it is as efficacious in subduing inflammation, in its various grades, here as elsewhere. In scores of cases, where it had

either been overlooked by others or deemed inaccessible, I have been enabled successfully to combat it chiefly by local treatment.

The ulterior results of the topical treatment of endo-uteritis have appeared to me to be as satisfactory as those usually obtained in cases of inflammation of the os and cervix uteri.

Dr. Miller is no friend to pessaries. He prefers repeated replacement of the uterus by means of the sound, if necessary, followed by the cauterization of its cavity, while the organ is *in situ*. This plan of treatment (which Dr. Miller regards as his own) he has obtained more satisfactory results from, than from all other methods which he had previously tried. After cauterization, under these circumstances, the disposition in the uterus to revert is not so strong, owing (Dr. M. supposes) "to the constringing effect of the caustic upon all the tissues of the organ, and thus tonicity (a vital property) is invoked to perform what has been hitherto attempted by mechanical powers."

But we have already occupied so much space that we must forego a particular notice of other portions of the book. The extended quotations we have made will give our readers a good idea of the author's style. We consider the work an exceedingly valuable addition to our medical literature. The author is evidently a man who has an opinion of his own, and is not afraid to give it, or incapable of supporting it by logical argument. The book deserves, and we have no doubt it will receive, an extended patronage. On another occasion (perhaps in our next number), we purpose giving our readers the views of the author on the subject of uterine hemorrhage in parturition, and the best mode of procedure in arresting it.

ART. VIII.—*Institutes of Medicine.* By M. PAINE, M. D., Prof. of the Institutes of Medicine, &c., in the University of New York, &c. &c. New York: Harper & Bros., 1858. Pp. 1095.

ON the first glance at this volume, we are impressed with the idea of anything but a medical publication. Marble edges and gilt cover are not exactly in good taste as the dress for a work of this purport. The paper on which it is printed is poor, both in quality and color, and typographical errors are frequent. We do not think Harper & Brothers have done justice to Dr. Paine in getting out his work in this style.

Apart from this, we are much pleased with the manner in which Dr. P. has prepared for his readers. He gives us two very copious Indexes, an Appendix, and we find throughout the work constant references from

page to page, to facilitate the task of the student in acquiring a complete knowledge of every subject. Finally, as a postscript, he details in full what he claims as his own, and we think we cannot do better than lay his claims before our readers. He asserts his claim of originality to

"1. All that is relative, in principles, to *reflex action of the nervous system* in pathology and therapeutics, including the application of antecedent experiments to determine the 'laws of sympathy' and of the 'vital functions,' as they respect the natural conditions, to all the great problems in those branches of medicine, so far as the nervous influence is involved as a modifying cause; and a systematic *generalization* of the whole subject.

"2. The doctrine of *modification of the nervous power* by the causes which bring it into action, and according to the nature of each cause, whether mental or physical, remedial or morbific, external or internal, and through which its *alterative* influences are exerted in conformity with its various modifications, respectively—regarding, therefore, the nervous power as a *vital alterative agent*, and susceptible of an endless variety of changes in *kind* from the influence of exciting causes, being thus rendered, in its extremes of change, either a vital *stimulant* or *sedative*, exerting *alterative* effects, with corresponding results on both the solids and fluids.—The application of this philosophy equally to the cure and production of diseases in all their gradations.

"3. The doctrine and demonstration of the operation of *remedial agents* and *morbific causes* by *reflex action of the nervous system*, as, also, through the foregoing *modification* of the nervous power, and all that is relative to the same action in pathology and therapeutics.

"4. A distinct exposition of the *modus operandi* of *counter-irritants* through *reflex action of the nervous system*, and their associate *local influences*—exemplifying, also, by these agents, the *modus operandi* of all other agents applied to the skin, &c.

"5. A distinct exposition of the *modus operandi* of the *seton* through *reflex nervous action* and *local organic influences*, &c.

"6. Operation of *anæsthetics* through *reflex nervous action*.

"7. Distinction between the agencies of *reflex nervous action* in the *modus operandi* of remedies, &c.

"8. All in this work on the *influences* and *modus operandi* of LOSS OF BLOOD, &c.

"9. Law of ADAPTATION operating through *reflex nervous action*.

"10. Philosophy of the natural operation of the *will and mental emotions* through *the direct* development and action of the *nervous power*, and its effects as an *alterative* agent when the latter operates in the cure or production of disease.

"11. Demonstration of the *direct* development and propagation of the *nervous power* as an *alterative agent*, or a simple *stimulant* or *depressant*, in diseases of the nervous centres, &c.

"12. All relative to peculiarities of *structure* in its vital constitution in different parts, and their important bearings upon physiological, pathological, and therapeutical doctrines, as it relates to the direct action of remedial and morbific causes, and their operation through *reflex action of the nervous system.*

"13. The proof and reasoning embraced in these institutes, and in the *Medical and Physiological Commentaries*, and other works, in behalf of VITAL SOLIDISM, as applied to physiology, pathology, and therapuetics, and in opposition to chemical hypotheses.

"14. Special deduction of *vital principle*, and peculiar laws of organic beings from their *composition*, &c.

"15. Special deductions from *nitrogen gas*, as contradistinguishing the organic from the inorganic kingdom.

"16. Special deduction of the principles of *vital solidism* (physiological and pathological) from the development of the incubated *egg*, and the physiology of *generation.*

"17. Analysis and elaboration of the *properties* of life.

"18. The proof of the existence and office of the *vital powers* or *vital properties*, with a disproof of the supposed identity of the *nervous power* and *galvanism*, &c.

"19. Exposition of law of vital habit.

"20. All in disproof of the chemical and physical hypotheses, as applied to physiology, &c.

"21. All in refutation of the *humoral pathology.*

"22. Demonstration of the dependence of *digestion* upon vital laws, and to the exclusion of the chemical.

"23. Demonstration of the dependence of *vegetable* and *animal heat* upon vital laws, and against the chemical hypotheses.

"24. Experiments relating to the *circulation in the brain*, &c.

"25. Demonstration of the dependence of *absorption* and *circulation* in plants, &c., upon vital laws.

"26. Much of what herein relates to the powers which circulate the blood.

"27. Distinction between inflammation and fever, &c.

"28. All relative to the philosophy of *venous congestion* and *varix*, and the proof of the dependence of *tubercle* and *scrofula* upon inflammation, and *cold* as a cause of congestion, &c.

"29. Much of the physiological bearing of organic changes incident to different periods of life upon practical medicine.

"30. The uses and abuses of *morbid anatomy.*

"31. A generalization of the *mutability of the properties of life*, lying at the foundation of disease, and of its cure, and of many natural changes of organization at the different stages of life, &c.; also, of the doctrine of a *substitution of pathological conditions* by remedial agents, through reflex nervous action, &c.

"32. Demonstration of the operation of *astringents* upon vital principles, &c.

"33. Demonstration, &c., of tonics, &c.

"34. Attempted refutation of theoretical geology, and of *spontaneity of being.*

"35. A critical exposure of the fallacies of the medical doctrines embraced in the *writings* of P. Ch. Louis.

"36. A critical exposure of the fallacies contained in the *writings* of Liebig, so far as he has applied organic chemistry to physiology, &c.

"37. A *therapeutical arrangement of the Materia Medica* upon physiological principles, and in the order of the relative therapeutical value of the different substances, and as applied to particular forms of disease.

"38. All that is relative to the substantive existence and physiology of the SOUL, AND INSTINCTIVE PRINCIPLE.

"39. Opinion that the *will* exercises a controlling influence upon the *intestine* in defecation, and as evincing a remarkable instance of creative design."

In his preface to the fourth edition, Dr. P. says: "This work, originally published in 1847, remains without change, as the author has seen no reason to modify any of his doctrines." Such a prefatory remark would lead the reader to suppose either that there had been nothing new in physiology during the past *eleven* years, or that Dr. P. was eminently "old fogyish" in his doctrines; but, in his appendix, he does ample justice to all subsequent discoveries in physiology and chemistry. He says:—

"Whatever may have been subsequently disclosed in physiology and chemistry, is essentially in harmony with all that the author incorporated in the foundation upon which his institutes are erected, and places them beyond the probability of being much invalidated. In his discussion of organic chemistry, as applied to physiology, pathology, and therapeutics, it is evident that he could not doubt that this invasion upon medicine would prove ephemeral, and that the chemist would soon retreat into the appropriate field of nature."

He reviews very thoroughly all the evidence connected with this statement, and certainly shows good logical reasons for his views.

Under the caption, "The Rights of Authors," he gives us his views of priority of discovery, and especially descants upon the vexed ques-

tion as to the discovery, &c., of the *excito-secretory* action. Dr. P. gives us the claims of Messrs. Hall, Campbell, and Allen, in the following order: Marshall Hall recognizes the priority of Dr. Campbell's claim, which is based upon the date, May, 1850. Dr. Allen then claims that he *first* publicly announced and illustrated this doctrine in November, 1848. Then comes our author, who claims that "*the whole of this doctrine is impressed upon the Medical and Physiological Commentaries, and upon half of the pages of these institutes, and has been always taught extensively in the author's lectures since* 1841." Now, if the rivals for the honor of this discovery cannot bring some proofs prior to this, it is quite evident that Dr. Paine must bear away the palm. We have not Dr. Paine's *Medical and Physiological Commentaries* (to which he refers very frequently throughout his work), but on reference to Dr. Campbell's essay on the "Excito-Secretory System," we find *his* claim is made as having developed and named this function in 1850 and 1853. This question, if not quashed by these proofs of Dr. P., will soon become as interminable as the *ethnological discussion.*

ART. IX.—*Plates Illustrative of Wilson on Diseases of the Skin.* Fourth edition. Philadelphia: Blanchard and Lea, 1857. Price $4 25.

OUR readers are undoubtedly already familiar with Erasmus Wilson's standard work on Diseases of the Skin, for it has long been deservedly popular with the profession. In the work before us, which is an indispensable accompaniment to the text, we have one of the best specimens of colored lithographic illustrations that has ever been published in this country. The representations of diseases of the skin, even to the most minute shade of coloring, are remarkably accurate, giving the student or practitioner a very correct idea of the disease he is studying.

Diseases of the skin, in their several varieties, are so common that it is very important that the practitioner of medicine should be prepared to treat them. We know of no work so well adapted to the wants of the general practitioner as Wilson's, with the accompanying plates. The price of both works is seven dollars.

ART. X.—*The New American Cyclopædia: A Popular Dictionary of General Knowledge.* Edited by George Ripley and Charles A. Dana. Vol. I. New York: D. Appleton & Co., 1858.

THIS work is published exclusively by subscription, and will consist of fifteen large 8vo. volumes, each containing 750 two-column pages.

The first volume, already published, contains over 2,500 original articles. The plan of the publishers seems to be exhaustive of all departments of literature and science, and to present everything worth knowing in the smallest possible space, and in clear, good type.

The physician is expected to be a walking cyclopædia, and we advise those of our readers who wish to possess a complete and reliable record of knowledge, *brought down to the latest moment*, to obtain this New American Cyclopædia.

The first volume, "A to Araguay," is complete; price $3.00 to $4.50, according to style of binding: or those who desire it can have the work in *monthly* parts, of 256 pages each, at $1.00 a part, or in weekly numbers, of 64 pages each, at 25 cents a number.

The work will be complete in fifteen volumes, each to contain a steel-plate portrait of some distinguished man. The first volume contains an excellent portrait of Humboldt.

*** *The Angel and the Demon:* A tale of Modern Spiritualism, by T. S. Arthur, 8vo. pp. 311. Philadelphia, 1858: J. W. Bradley. It may be thought that we are stepping out of our way to notice a work like this; but, on looking it over, we find it so well worthy of a perusal, that we cannot help commending it to our readers. It is certainly one of the most interesting of this deservedly popular author's works, combining, as it does, the instructive with the agreeable.

*** *Life of Dr. Kane, and other Explorers.* By S. M. Smucker, pp. 406. Philadelphia, 1858: J. W. Bradley. A neat volume, giving the principal incidents, etc., in the lives of Dr. Kane, Commodore Perry, and others. Those fond of adventurous lives will enjoy this work.

*** We have received, too late for extended notice this month, *Outlines of a Course of Lectures on the Principles and Practice of Surgery.* By E. Geddings, M. D., Professor of Surgery in the Medical College of the State of South Carolina. Pp. 560. Charleston, S. C.: S. G. Courtenay & Co., 1858.

Also *Elements of Inorganic Chemistry, including the Applications of the Science in the Arts.* By Thomas Graham, F. R. S., L. and E. Pp. 852. Philadelphia: Blanchard and Lea, 1858.

EDITORIAL.

MEDICAL EDUCATION.

HACKNEYED as is the theme of our article, much may yet be profitably said upon the subject of medical education. It is a subject that must commend itself to the attention of every well wisher of our profession, for it lies at the very foundation of success in a noble and benevolent calling.

That our system of medical education is deficient, and very much needs modifying, is so evident to the universal mind of the profession that questions, plans, and schemes for its improvement have occupied a large share of the attention of each session of the American Medical Association, during the ten years of its existence. It is not, however, so much our purpose now to discuss this matter (much less to propose any plan of our own) as to present the following ideas on the subject, which we take from an editorial in the *Chicago Medical Journal*, and is, we believe, from the pen of its chief editor, Dr. N. A. Davis, whose name has long since been written as one that loves his profession.

Dr. Davis sums up the deficiencies in our present system of medical education in the three following propositions:—

"1st. The usual term of *four months* is too short to allow of more than a partial course on any one branch, if all the important departments of medical science are embraced in the curriculum.

"2d. The system permits no natural order or succession of topics of study on the part of the student, but compels him to listen to the same incomplete course on all the branches at each successive college term.

"Hence, the student who has scarcely proceeded far enough in his medical studies to become familiar with the long bones of the skeleton, is placed in the same class, and made to listen to the same details in practical medicine, surgery, and obstetrics, with him who had already studied diligently three or four years.

"3d. The anxiety of each faculty to include as much as possible of the various departments of medical science in the college term, has caused the number of lectures each day to be so great

as to leave a very inadequate amount of time for reading, dissections, and clinical study."

Dr. Davis proceeds to discuss the objections to the remedy first proposed by the American Medical Association, and which was so nobly responded to, though unsuccessfully, by some of our more prominent colleges, viz: a simple extension of the lecture term. He says: "If the additional time was used for extending the several courses of lectures, it would leave the second and third evils wholly unmitigable. On the other hand, if the number of lectures per day were reduced in proportion to the increased length of the term, so as to remedy the third evil, the first and second would remain in full force." Dr. Davis then proceeds to recommend the following plan:—

"1st. Such a revision of the several departments or chairs as will permit them to be divided into two groups, the first embracing all those branches usually considered elementary, and the second, all those more directly practical.

2d. Such an extension of the collegiate year as will allow two full lecture terms: the first for the elementary group of branches, and the second for the practical; thus enabling the student, in attending two terms, to hear, instead of a *repetition* of one imperfect course, a full review of all the departments in their natural order of succession.

3d. Such a limit to the number of lectures per day as will permit each student to give adequate time to dissections and clinical instruction.

4th. Access to the wards of a well regulated hospital must constitute a necessary appendage to every medical college, and attendance on at least one course of clinical instruction a requisite for graduation.

To carry these views into successful and full practical operation, we would suggest the following definite plan of college organization, and ask for it the thoughtful consideration, not only of the special committee of the American Medical Association, but of the whole profession:—

1st. Make the full collegiate year embrace a regular course of instruction in the following departments, viz:—

1*st.* Descriptive anatomy.
2*d.* Elementary and inorganic chemistry.
3*d.* Human histology and physiology.
4*th.* Materia medica.
5*th.* General pathology and public hygiene.
6*th.* Regional and surgical anatomy.

7*th*. Organic chemistry and toxicology.
8*th*. Practical surgery.
9*th*. Practical medicine.
10*th*. Obstetrics and diseases of women.

We would group the first five of these departments together, to constitute an elementary course or term, and the last five to constitute the practical course.

2d. Let each collegiate year be divided into two terms: one called the *elementary*, and the other the *practical term*. The first may commence on the first Monday in March, and continue until the last Wednesday in June. Besides embracing a full course of lectures on each of the five branches named, it should present ample facilities for the practical study of anatomy by dissections, and a course of clinical instruction in the hospitals, devoted almost exclusively to medical and surgical pathology and diagnosis.

The second term should commence on the first Monday in October, and continue until the third Wednesday in February, at which time the annual commencement for conferring degrees should be held. This term should embrace, in addition to the full course of lectures on the five branches assigned to it, also abundant material for dissections, and a full hospital clinical course devoted more directly to the details of practical medicine and surgery.

3d. No student should be eligible to graduation until he had studied medicine and surgery three years, and attended at least one full collegiate year, embracing the two terms just described in their proper order. But instead of attending both college terms the same year, each student should be encouraged to attend the elementary term during the first eighteen months of study, and the practical term at the end of the second eighteen months. Of course, such students as possessed the requisite means could attend a repetition of one or both terms each year during their studies."

Having presented an outline of Dr. Davis's plan, we omit, for want of space, the arguments by which he supports it. They will suggest themselves to the intelligent reader. There are two departments of study not apparently provided for in the above plan, but which might come in as subdivisions of others named, viz: botany, and practical pharmacy: both essential to an intelligent application of the principles of medicine to the every-day wants of the practical physician.

Another thing: Clinical instruction could be pursued to the best advantage in a hospital under the control of, and closely con-

nected with, a medical school; and we hope to see the day when such will be the case with all our medical colleges.

In conclusion, we would commend the views of Dr. Davis, together with the whole subject of medical education, to the attention of our readers.

INTELLIGENT CORRESPONDENCE.

There is one subject we have for some time been intending to present to the consideration of our readers; it is this: We are in constant receipt of letters from medical men from every section of our land; now, why not make these letters the vehicle of something more than a scrap of business information, as important as that might be to the publisher. We have before us now a letter which may serve as the type of many that we receive, which reads:—

"DR. BUTLER:

I send you three dollars subscrip. for the REPORTER."

Aside from the total lack of any clue to the residence of the subscriber, for which important item of information we must depend on the post mark, if sufficiently legible, or on our alphabetical list of subscribers, this may do well enough for a purely *business* transaction; but how easy it would have been for our friend to have communicated some fact, given some item of information, thrown out some hint on anything that has been discussed in the pages of the REPORTER. Perhaps some epidemic disease has been prevailing in the locality in which he resides, information concerning which might be worthy of permanent record. In this way, our subscribers might aid us in adding interest to the REPORTER: might, indeed, be co-editors with us.

We like to receive intelligent letters, and to keep up at least a *paper* acquaintance with all our subscribers. If we could get some good, practical idea on medicine, in some of its departments, from every letter we receive, what a lot of ideas would be imparted to us in the course of the year; and (just think of it) they *might* possibly get into print!

We invite the attention of our readers to this subject, and hope that, in their correspondence with us, they will endeavor to make us wiser, that we may be capable of imparting wisdom to others.

THE JOURNALS.

The *Peninsular Journal of Medicine* and the *Medical Independent*, both hitherto published at Detroit, Michigan, have been united under the name of the *Peninsular and Independent Medical Journal.* (A good move.) Drs. A. B. Palmer, and Moses Gunn, and Mr. Frederick Stearns, apothecary, are the editors.

We have received the first number (Jan., 1858) of the *Journal de la Physiologie de l'Homme et des Animaux*, a quarterly publication, under the direction of Dr. E. Brown Séquard, devoted to original physiological research. We hope to draw frequently from its pages to enrich our own. It is published in Paris, each number to contain about 200 pages, at five dollars (twenty-five francs) per annum. B. Westermann & Co., 290 Broadway, New York, are the American agents.

The number before us contains, in full, a translation of Prof. F. Gurney Smith's articles on Experiments in Digestion, published in the *Medical Examiner* for July and Sept. 1856, and afterwards in pamphlet form.

We are also in receipt of the first number of the *Oglethorpe Medical and Surgical Journal*, to be published bi-monthly at Savannah, Ga., under the editorship of Drs. H. L. Byrd and Holmes Steele, professors in the Oglethorpe Medical College. The number before us presents a very attractive appearance, both typographically and in regard to its contents, which are well prepared, whether original or selected. Its editors speak in as confident a tone as if they had 1000 good *paying* subscribers. *They will get them if they fulfil their promises.* Sixty-four pages every two months, $2.00 per annum in advance.

We are glad to learn that the *California State Medical Journal* is to be revived and published again at Sacramento, under the editorship of Dr. Thos. M. Logan. It gave such promise of usefulness under the management of Dr. Morse that we regretted to record its failure. Dr. Logan is fully able to sustain its former reputation.

THE CHAIR OF PRACTICE IN THE JEFFERSON.

We understand the trustees of this institution have filled the vacancy occasioned by the decease of Dr. J. K. Mitchell, by the election of S. Henry Dickson, M. D., LL. D., Professor of the

Practice and Institutes in the Medical College of the State of South Carolina. We think this is an excellent selection, and one calculated to benefit the Jefferson, though, in view of the recent resignation of Professor Geddings, of the same school, we fear it may prove highly disadvantageous to the future of that institution.

We welcome Prof. Dickson among us, and hope he will meet many warm hearted brethren, who may in some measure enable him to feel at home in our city, and fill the place of the many friends he has left behind.

NECROLOGY.

At Hyde Park, Vermont, on the 25th of November last, Ariel Hunton, M. D., aged sixty-eight. Dr. Hunton was long a contributor to the pages of this journal. The following brief notice of his life was furnished, at our request, by a member of his family:—

"Dr. Ariel Hunton was born in Unity, N. H., July 5, 1789. His father was a farmer, and, consequently, his earlier years were spent in farming. He was always fond of reading, and anxious for an education. At the age of thirteen, by the help of his mother, he was enabled to buy a share in the Claremont Circulating Library, and, at sixteen, attended one term at an academy, the funds for which were obtained in the following manner: When a child, he found a dollar in the road, with which his father bought him a sheep. When he attained the age of sixteen, his single sheep having increased to quite a flock, he proposed to his father to take the sheep, and send him one term to school, which he accordingly did. He also attended one term of high school in his own district, and this, beside the common school, was all his chance for an education; but he taught and studied, endeavoring to add every day to his small stock of knowledge. In April, 1809, he married Polly Pingry, of Salisbury, N. H. His father-in-law being a clothier, he learned the trade, and worked for him nearly five years. During that time, he studied medicine. He read at his work evenings after he came from the mill, and whenever he could find a spare moment. The winter 1813–14, he spent at Springfield, N. H., with Dr. Amasa Howard, who gave him a recommend.[1] The following spring, he removed to Gratan, N. H., and commenced practice. In July, 1818, he removed to Hyde Park, Vt., where he resided till his death. In January, 1835, he received his

[1] In those days, a "recommend" from the preceptor occupied the place of the college diploma of our day.—[Ed. Med. and Surg. Reporter.

first diploma from the Vermont Medical Society. In 1847, Dartmouth College conferred on him the honorary degree of A. M.

"In March, 1857, he caught a violent cold, from the effects of which he never recovered. *He* considered the seat of his disease to be his lungs, but the physicians who saw him were rather at a loss to decide. Some thought his head diseased; some, his lungs; some, both. He never was in any pain through his whole sickness, but lost his appetite gradually, and consequently his strength. He was not confined to his bed till about two weeks before his death. He lingered on, growing weaker and weaker, but perfectly rational and sensible of his situation till the 25th of November, 5 P. M., when, without a groan or struggle, he expired. His wife survives him; also, two of a family of seven children. He was a man of an inquiring mind, very fond of the natural sciences, and a student as long as he lived; was a skilful physician, had quite an extensive practice, and was warmly attached to his profession."

We would add, that Dr. Hunton's father still lives in New Hampshire, at a very advanced age, and has voted at every Presidential election since Washington was first a candidate for the Presidency.

HOME FOR INVALIDS

WITH

DISEASES OF THE CHEST,

S. W. Corner of Chestnut and Park Streets,

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PHILADELPHIA.

This Institution has been established with a view to combine all the best hygienic and medicinal means in the treatment of Diseases of the Chest.

The house, grounds and locality have been selected with special reference to the wants of invalids.

The house is commodious, well ventilated, and replete with modern conveniences. It is furnished with strict regard to comfort and the promotion of health; special effort having been made to render it a cheerful home and a desirable retreat for invalids. The grounds are pleasant and attractive, and the location high, healthy, and beautiful.

The Medical Board consists of a resident, an attending, and a consulting physician.

Attending Physician, GEO. J. ZEIGLER, M. D. Consulting Physician, Prof. SAMUEL JACKSON, M. D.

☞ *Application for admission may be made to the attending physician, daily (Sundays excepted), from* 11 *to* 12 *o'clock.*

Applications in writing, or letters of inquiry, may be addressed to

JAMES W. WHITE, Secretary.

May—3t. **Box 1738 Philadelphia Post Office.**

Aug 31, 1858.